Image# 14952765320 PAGE 1 / 198

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

	For Other	Than An Auti	norized Comn	nittee		Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR	PRINT ▼	Example: If over the line		12FE4M5	
Wellcare Health Plar	ns, Inc. PA	C (WellCare	PAC)			
	1 1 1 1 1					
ADDRESS (number and street)	8735 He	nderson Road				
Check if different						
than previously reported. (ACC)	Tampa				FL _	33634
2. FEC IDENTIFICATION	NUMBER ▼	CIT	Y 🛦		STATE 🛦	ZIP CODE ▲
C C00390575			S THIS EPORT X	NEW (N) OR	AM (A)	ENDED
4. TYPE OF REPORT (Choose One)	(b) Mor Rep		20 (M2)	May 20 (M5)	Aug 2	20 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	540	Mar	20 (M3)	Jun 20 (M6)	Sep 2	20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15		Apr	20 (M4)	Jul 20 (M7)	Oct 2	20 (M10) Jan 31 (YE)
Quarterly Report	t (Q1) (c)	12-Day PRE-Election	Primary	(12P)	General (12G) Runoff (12R)
Quarterly Report October 15	t (Q2)	Report for the:	Conventi	on (12C)	Special (1	128)
Quarterly Report	t (Q3)		M = M	/ D D /	Y Y Y Y Y	in the
January 31 Year-End Report	t (YE)	Electio	n on			State of
July 31 Mid-Yea Report (Non-ele Year Only) (MY)	ction	30-Day POST-Election Report for the:	× General	(30G)	Runoff (3	OR) Special (30S)
Termination Rep (TER)	ort	Electio	n on 11	04	2014	in the State of
5. Covering Period	10 16		throug	gh 11	24	2014
I certify that I have examined	I this Report a	nd to the best of	my knowledge a	nd belief it is tru	ue, correct and	complete.
Type or Print Name of Treas	urer Maurice	Hebert				
Signature of Treasurer $\frac{M}{2}$	laurice Hebert		[Electron	ically Filed] [Date 12	/ 04 / Y Y Y Y Y Y Y Y 2014
NOTE: Submission of false, err	roneous, or inc	omplete information	n may subject the	person signing t	his Report to th	e penalties of 2 U.S.C. §437g.
Office						FEC FORM 3X
Use Only						Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Report Covering the Period: From: 10 16 2014 To: 11 24 2014

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2014		131970.74
	(b) Cash on Hand at Beginning of Reporting Period	107919.79	
	(c) Total Receipts (from Line 19)	29512.23	203861.28
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	137432.02	335832.02
7.	Total Disbursements (from Line 31)	38250.00	236650.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	99182.02	99182.02
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

×

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Report Covering the Period: From: 10	16 2014 T	o: 11 24 2014
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Contributions (other than loans) From:		ı
(a) Individuals/Persons Other		
Than Political Committees	07000.04	156925.17
(i) Itemized (use Schedule A)	27326.64	130923.17
(ii) Unitominad	1185.59	45936.11
(ii) Unitemized(iii) TOTAL (add	1165.59	40000.11
Lines 11(a)(i) and (ii)▶	28512.23	202861.28
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	
(such as PACs)	0.00	0.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry	28512.23	202861.28
Totals to Line 33, page 5)	20312.23	202001.20
Party Committees	0.00	0.00
rarty Committees	0.00	3.00
B. All Loans Received	0.00	0.00
	7	
Loan Repayments Received	0.00	0.00
5. Offsets To Operating Expenditures	7	
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
6. Refunds of Contributions Made	, , , , , , , , , , , , , , , , , , , ,	
to Federal Candidates and Other		
Political Committees	1000.00	1000.00
7. Other Federal Receipts		0.00
(Dividends, Interest, etc.)	0.00	0.00
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
(3.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(b) Levill I dilde (ilotti ochedule 115)	7	7
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	29512.23	203861.28
). Total Federal Receipts		
(subtract Line 18(c) from Line 19) ▶	29512.23	203861.28

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Allocated Federal/Non-Federal		Calcillati i Cal-10-Date
Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	0.00	0.00
Expenditures	0.00	0.00
(add 21(a)(i), (a)(ii), and (b))▶	0.00	0.00
Transfers to Affiliated/Other Party		
Committees	0.00	0.00
Contributions to Federal Candidates/Committees		
and Other Political Committees	32000.00	160700.00
Independent Expenditures		
(use Schedule E) Coordinated Party Expenditures	0.00	0.00
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
(use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loan nepayments wave		5.00
Loans Made	0.00	0.00
Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
-		
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees		
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c))	0.00	0.00
(ddd Lines 20(d), (b), and (c))		
Other Disbursements	6250.00	75950.00
		7 7
Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity		
(from Schedule H6)	0.00	0.00
(i) Federal Share	0.00	0.00
(") III - 1 II Ob	0.00	0.00
(ii) "Levin" Share	0.00	7
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add		
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	38250.00	236650.00
_	7	
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)	22252.22	200055 20
from Line 31)	38250.00	236650.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures						
3. Total Contributions (other than loans) (from Line 11(d), page 3)	28512.23	202861.28				
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00				
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	28512.23	202861.28				
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00				
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00				
8. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00				

FOR LINE NUMBER: **PAGE** 6 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Nicholas Abid Date of Receipt Mailing Address 8735 Henderson Road 2014 10 24 City State Zip Code Transaction ID: SA11AI.15279 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 2115.30 Other (specify) Full Name (Last, First, Middle Initial) B. Nicholas Abid Date of Receipt Mailing Address 8735 Henderson Road 11 07 2014 City State Zip Code Transaction ID: SA11AI.15481 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 2211.45 Other (specify) Full Name (Last, First, Middle Initial) c. Nicholas Abid Date of Receipt Mailing Address 8735 Henderson Road 11 21 2014 City State Zip Code Transaction ID: SA11AI.15682 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 2307.60 Other (specify) 288.45 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

	FOR	R LINE	NU	MBER	PAGE	7	OF	19	
Use separate schedule(s)	(che	eck only	or or	ne)					
for each category of the Detailed Summary Page	×	11a		11b		11c	12	:	
,		13		14		15	16	: Г	1·

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Harvey D. Anderson Date of Receipt Mailing Address 8735 Henderson Road 10 2014 24 City State Zip Code Transaction ID: SA11AI.15227 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 846.12 Other (specify) Full Name (Last, First, Middle Initial) B. Harvey D. Anderson Date of Receipt Mailing Address 8735 Henderson Road 11 07 2014 City State Zip Code Transaction ID: SA11AI.15431 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 884.58 Other (specify) Full Name (Last, First, Middle Initial) c. Harvey D. Anderson Date of Receipt Mailing Address 8735 Henderson Road 11 21 2014 Zip Code City State Transaction ID: SA11AI.15633 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 923.04 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 8 OF 198

TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the r		rson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC	(WellCare PAC)	
Full Name (Last, First, Middle Initial) A. Joseph Anselmo Mailing Address 8735 Henderson Road		Date of Receipt
City Tampa	State Zip Code FL 33634	Transaction ID : SA11AI.15220 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.83
Name of Employer Wellcare Health Plans, Inc. Receipt For:	Occupation health care	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 458.26	
Full Name (Last, First, Middle Initial) Joseph Anselmo Mailing Address 8735 Henderson Road		Date of Receipt
City Tampa	State Zip Code FL 33634	11 07 2014 Transaction ID : SA11AI.15424 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.83
	Occupation health care	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 479.09	
Full Name (Last, First, Middle Initial) Joseph Anselmo		Date of Receipt
Mailing Address 8735 Henderson Road	State Zip Code	11 21 2014
City Tampa	FL 33634	Transaction ID : SA11AI.15626 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	20.83
Name of Employer Wellcare Health Plans, Inc.	Occupation health care	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 499.92	
SUBTOTAL of Receipts This Page (optional)	>	62.49
TOTAL This Period (last page this line number or	nly)	

Use separate schedule(s) for each category of the Detailed Summary Page

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(check only one)										
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	13		14		15		16	6		17

	Statements may not be sold or used by any pers he name and address of any political committee to	
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PA	AC (WellCare PAC)	
Full Name (Last, First, Middle Initial) Norma I. Asencio		Date of Receipt
Mailing Address 8735 Henderson Road		10 24 2014
City	State Zip Code	Transaction ID : SA11AI.15122
Tampa	FL 33634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	19.23
Name of Employer	Occupation	
WellCare Receipt For:	health care	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 423.06	
Full Name (Last, First, Middle Initial) Norma I. Asencio Mailing Address 8735 Henderson Road		Date of Receipt
		11 07 2014
City	State Zip Code	Transaction ID : SA11AI.15327
Tampa	FL 33634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	19.23
Name of Employer	Occupation	1
WellCare Receipt For:	health care	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 442.29	
Full Name (Last, First, Middle Initial) Norma I. Asencio		Date of Receipt
Mailing Address 8735 Henderson Road		11 21 2014
City Tampa	State Zip Code FL 33634	Transaction ID : SA11AI.15529 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	19.23
Name of Employer	Occupation	-
WellCare	health care	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	461.52	
SUBTOTAL of Receipts This Page (optional)		57.69
TOTAL This Period (last page this line number	er only)	

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for each category of the Detailed Summary Page	X	11a		11b		11c		12				
		13		14		15		16		17		

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Angel L. Ballew Date of Receipt Mailing Address 8735 Henderson Road 10 24 2014 City State Zip Code Transaction ID: SA11AI.15228 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 769.20 Other (specify) Full Name (Last, First, Middle Initial) B. Angel L. Ballew Date of Receipt Mailing Address 8735 Henderson Road 11 07 2014 City State Zip Code Transaction ID: SA11AI.15432 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 807.66 Other (specify) Full Name (Last, First, Middle Initial) c. Angel L. Ballew Date of Receipt Mailing Address 8735 Henderson Road 11 21 2014 Zip Code City State Transaction ID: SA11AI.15634 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare health care

SUBTOTAL of Receipts This Page (optional)				5	Ξ	Ξ	7		1	15.3	8	
TOTAL This Period (last page this line number only)				7			7	I			_]

846.12

Aggregate Year-to-Date ▼

Receipt For:

Primary

Other (specify)

General

	FOF	R LINE	NU	IMBER	:	PAGE	1	1 0	ıF	19
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for each category of the Detailed Summary Page	X	11a		11b		11c		12		
		13		14		15		16		∃ 17

	Statements may not be sold or used by any persone name and address of any political committee to	
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PA	AC (WellCare PAC)	
Full Name (Last, First, Middle Initial) Richard O. Banner Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 1015.30	Date of Receipt 10 24 2014 Transaction ID : SA11AI.15277 Amount of Each Receipt this Period 46.15
Full Name (Last, First, Middle Initial) Richard O. Banner Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 1061.45	Date of Receipt 11 07 2014 Transaction ID: SA11AI.15479 Amount of Each Receipt this Period 46.15
Full Name (Last, First, Middle Initial) Richard O. Banner Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 1107.60	Date of Receipt 11 21 2014 Transaction ID : SA11AI.15680 Amount of Each Receipt this Period 46.15
SUBTOTAL of Receipts This Page (optional)		138.45
TOTAL This Period (last page this line numbe	r only)	

	FOF	R LINE	NU	MBER	:	PAGE	•	12 OF	:	198
Use separate schedule(s)	(che	ck only	or	ıe)						
for each category of the Detailed Summary Page	X	11a		11b		11c		12		
		13		14		15		16		17

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Mailing Address 8735 Henderson Road 11 21 2014 Zip Code City State Transaction ID: SA11AI.15530 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 461.52 Other (specify)

FOR LINE NUMBER: PAGE 13 OF 198

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
Any information copied from such Reports and Sta or for commercial purposes, other than using the n	tements may not be sold or used by any per name and address of any political committee	son for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC	(WellCare PAC)	
WellCare Health Plans, Inc. Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 2115.30	Date of Receipt 10 24 2014 Transaction ID: SA11AI.15280 Amount of Each Receipt this Period 96.15
WallCare Health Dlane Inc	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 2211.45	Date of Receipt 11 07 2014 Transaction ID: SA11AI.15484 Amount of Each Receipt this Period 96.15
, ,	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 2307.60	Date of Receipt 11 21 2014 Transaction ID: SA11AI.15686 Amount of Each Receipt this Period 96.15
SUBTOTAL of Receipts This Page (optional)	>	288.45
TOTAL This Period (last page this line number or	nly)	

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TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
Any information copied from such Reports and SI or for commercial purposes, other than using the	atements may not be sold or used by any pename and address of any political committee	rson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC	C (WellCare PAC)	
Full Name (Last, First, Middle Initial) Lucy Berenguer Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer Wellcare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 423.06	Date of Receipt 10 24 2014 Transaction ID: SA11AI.15124 Amount of Each Receipt this Period 19.23
Full Name (Last, First, Middle Initial) Lucy Berenguer Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer Wellcare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 442.29	Date of Receipt 11 07 2014 Transaction ID: SA11Al.15329 Amount of Each Receipt this Period 19.23
Full Name (Last, First, Middle Initial) Lucy Berenguer Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer Wellcare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 461.52	Date of Receipt 11 21 2014 Transaction ID: SA11AI.15531 Amount of Each Receipt this Period 19.23
SUBTOTAL of Receipts This Page (optional)	·····	57.69
TOTAL This Period (last page this line number of	only)	

FOR LINE NUMBER: PAGE 15 OF 198 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Bruce A. Bershad Date of Receipt Mailing Address 8735 Henderson Road 2014 10 24 City State Zip Code Transaction ID: SA11AI.15125 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 307.68 Other (specify) Full Name (Last, First, Middle Initial) B. Bruce A. Bershad Date of Receipt Mailing Address 8735 Henderson Road 11 07 2014 City State Zip Code Transaction ID: SA11AI.15330 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 326.91 Other (specify) Full Name (Last, First, Middle Initial) c. Bruce A. Bershad Date of Receipt Mailing Address 8735 Henderson Road 11 21 2014 City State Zip Code Transaction ID: SA11AI.15532 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 346.14 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 16 OF 198 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c

Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Sean L. Bird Date of Receipt Mailing Address 8735 Henderson Road 2014 10 24 City State Zip Code Transaction ID: SA11AI.15126 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 423.06 Other (specify) Full Name (Last, First, Middle Initial) B. Sean L. Bird Date of Receipt Mailing Address 8735 Henderson Road 11 07 2014 City State Zip Code Transaction ID: SA11AI.15331 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 442.29 Other (specify) Full Name (Last, First, Middle Initial) c. Sean L. Bird Date of Receipt Mailing Address 8735 Henderson Road 11 21 2014 City State Zip Code Transaction ID: SA11AI.15533 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 461.52 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

federal political committee.

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for each category of the Detailed Summary Page	×	11a		11b		11c		12		
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Scott B. Black Date of Receipt Mailing Address 8735 Henderson Road 10 24 2014 City State Zip Code Transaction ID: SA11AI.15229 33634 FL Tampa Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 846.12 Other (specify) Full Name (Last, First, Middle Initial) B. Scott B. Black Date of Receipt Mailing Address 8735 Henderson Road 2014 11 07 City State Zip Code Transaction ID: SA11AI.15433 FL 33634 Tampa Amount of Each Receipt this Period FEC ID number of contributing 38.46

Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify) ▼	Occupation health care Aggregate Year-to-Date ▼ 884.58	
Full Name (Last, First, Middle Initial) C. Scott B. Black Mailing Address 8735 Henderson Road		Date of Receipt 11 21 2014
City	State Zip Code	Transaction ID : SA11AI.15635
Tampa	FL 33634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	38.46
Name of Employer	Occupation	
WellCare Health Plans, Inc.	health care	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 923.04	
		115.38

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Jason T. Bollent Date of Receipt Mailing Address 8735 Henderson Road 2014 10 24 City State Zip Code Transaction ID: SA11AI.15127 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 423.06 Other (specify) Full Name (Last, First, Middle Initial) B. Jason T. Bollent Date of Receipt Mailing Address 8735 Henderson Road 11 07 2014 City State Zip Code Transaction ID: SA11AI.15332 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 442.29 Other (specify) Full Name (Last, First, Middle Initial) c. Jason T. Bollent Date of Receipt Mailing Address 8735 Henderson Road 11 21 2014 City State Zip Code Transaction ID: SA11AI.15534 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 461.52 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 19 OF 198 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Michelle D. Bronson Date of Receipt Mailing Address 8735 Henderson Road 2014 10 24 City State Zip Code Transaction ID: SA11AI.15128 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 423.06 Other (specify) Full Name (Last, First, Middle Initial) B. Michelle D. Bronson Date of Receipt Mailing Address 8735 Henderson Road 11 07 2014 City State Zip Code Transaction ID: SA11AI.15333 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 442.29 Other (specify) Full Name (Last, First, Middle Initial) c. Michelle D. Bronson Date of Receipt Mailing Address 8735 Henderson Road 11 21 2014 City State Zip Code Transaction ID: SA11AI.15535 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 461.52 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 20 OF 198 Use separate schedule(s) (check only one) X 11a 11b 12 11c 14 13 15 16

for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Laura A. Buckley Date of Receipt Mailing Address 8735 Henderson Road 2014 10 24 City State Zip Code Transaction ID: SA11AI.15230 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 461.52 Other (specify) Full Name (Last, First, Middle Initial) B. Laura A. Buckley Date of Receipt Mailing Address 8735 Henderson Road 11 07 2014 City State Zip Code Transaction ID: SA11AI.15434 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 499.98 Other (specify) Full Name (Last, First, Middle Initial) c. Kenneth A. Burdick Date of Receipt Mailing Address 8735 Henderson Road 10 24 2014 City State Zip Code Transaction ID: SA11AI.15305 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 192.30 С federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 3269.10 Other (specify) 269.22 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 21 OF 198 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Kenneth A. Burdick Date of Receipt Mailing Address 8735 Henderson Road 07 2014 11 City State Zip Code Transaction ID: SA11AI.15508 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 192.30 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 3461.40 Other (specify) Full Name (Last, First, Middle Initial) B. Kenneth A. Burdick Date of Receipt Mailing Address 8735 Henderson Road 11 21 2014 City State Zip Code Transaction ID: SA11AI.15712 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 192.30 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 3653.70 Other (specify) Full Name (Last, First, Middle Initial) c. John Burke Date of Receipt Mailing Address 8735 Henderson Road 10 24 2014 City State Zip Code Transaction ID: SA11AI.15281 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 С federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 2115.30 Other (specify) 480.75 SUBTOTAL of Receipts This Page (optional).....

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TOTAL This Period (last page this line number only).....

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) John Burke Date of Receipt Mailing Address 8735 Henderson Road 07 2014 City State Zip Code Transaction ID: SA11AI.15485 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 2211.45 Other (specify) Full Name (Last, First, Middle Initial) B. John Burke Date of Receipt Mailing Address 8735 Henderson Road 11 21 2014 City State Zip Code Transaction ID: SA11AI.15687 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 2307.60 Other (specify) Full Name (Last, First, Middle Initial) c. Amy Carr Date of Receipt Mailing Address 8735 Henderson Road 10 24 2014 City State Zip Code Transaction ID: SA11AI.15129 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 423.06 Other (specify) 211.53 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... -9

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Amy Carr Date of Receipt Mailing Address 8735 Henderson Road 07 2014 City State Zip Code Transaction ID: SA11AI.15334 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 442.29 Other (specify) Full Name (Last, First, Middle Initial) B. Amy Carr Date of Receipt Mailing Address 8735 Henderson Road 11 21 2014 City State Zip Code Transaction ID: SA11AI.15536 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 461.52 Other (specify) Full Name (Last, First, Middle Initial) **c.** Christine K. Cashen Date of Receipt Mailing Address 8735 Henderson Road 10 24 2014 City State Zip Code Transaction ID: SA11AI.15130 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 423.06 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
Any information copied from such Reports and St or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC	(WellCare PAC)	
Full Name (Last, First, Middle Initial) Christine K. Cashen Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 442.29	Date of Receipt 11 07 2014 Transaction ID: SA11AI.15335 Amount of Each Receipt this Period 19.23
Full Name (Last, First, Middle Initial) Christine K. Cashen Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Receipt For: Primary General Other (specify) Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 461.52	Date of Receipt 11 21 2014 Transaction ID : SA11AI.15537 Amount of Each Receipt this Period 19.23
Full Name (Last, First, Middle Initial) Robert A. Champagne Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer Wellcare Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 846.12	Date of Receipt 10 24 2014 Transaction ID: SA11AI.15231 Amount of Each Receipt this Period 38.46
SUBTOTAL of Receipts This Page (optional)		76.92
TOTAL This Period (last page this line number of	only)	

FOR LINE NUMBER: PAGE 25 OF 198 Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Robert A. Champagne Date of Receipt Mailing Address 8735 Henderson Road 07 2014 City State Zip Code Transaction ID: SA11AI.15435 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation Wellcare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 884.58 Other (specify) Full Name (Last, First, Middle Initial) B. Robert A. Champagne Date of Receipt Mailing Address 8735 Henderson Road 11 21 2014 City State Zip Code Transaction ID: SA11AI.15636 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation Wellcare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 923.04 Other (specify) Full Name (Last, First, Middle Initial) c. Donna M. Chapman Date of Receipt Mailing Address 8735 Henderson Road 10 24 2014 City State Zip Code Transaction ID: SA11AI.15131 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 423.06 Other (specify) 96.15 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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TEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the		erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC	C (WellCare PAC)	
Full Name (Last, First, Middle Initial) Donna M. Chapman Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼	Date of Receipt 11 07 2014 Transaction ID: SA11AI.15336 Amount of Each Receipt this Period 19.23
Full Name (Last, First, Middle Initial) Donna M. Chapman Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 461.52	Date of Receipt 11 21 2014 Transaction ID: SA11AI.15538 Amount of Each Receipt this Period 19.23
Full Name (Last, First, Middle Initial) Seunghyun Choi Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 307.68	Date of Receipt 10 24 2014 Transaction ID: SA11AI.15132 Amount of Each Receipt this Period 19.23
SUBTOTAL of Receipts This Page (optional)		57.69
TOTAL This Period (last page this line number	only)	

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TEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) X 11a
Any information copied from such Reports and Statemen or for commercial purposes, other than using the name a		erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (We	ellCare PAC)	
Primary General Other (specify) ▼	33634 Dation	Date of Receipt 11 07 2014 Transaction ID: SA11AI.15337 Amount of Each Receipt this Period 19.23
Full Name (Last, First, Middle Initial) Seunghyun Choi Mailing Address 8735 Henderson Road City Stat Tampa FL FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify) Occup	33634 Dation	Date of Receipt 11 21 2014 Transaction ID: SA11AI.15539 Amount of Each Receipt this Period
Full Name (Last, First, Middle Initial) Patricia Ciampa Mailing Address 8735 Henderson Road City Stat Tampa FL FEC ID number of contributing federal political committee. Name of Employer Occup Wellcare Health Plans, Inc. Receipt For: Aggree Other (specify) Other (specify)	33634 Dation	Date of Receipt 10 24 2014 Transaction ID: SA11AI.15133 Amount of Each Receipt this Period 19.23
SUBTOTAL of Receipts This Page (optional)		57.69

FOR LINE NUMBER: PAGE 28 OF 198 Use separate schedule(s) (check only one)

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
Any information copied from such Reports and Stat or for commercial purposes, other than using the name		
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC	(WellCare PAC)	
Wellcare Health Plans, Inc.	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 442.29	Date of Receipt 11 07 2014 Transaction ID: SA11AI.15338 Amount of Each Receipt this Period 19.23
Wellcare Health Plans, Inc.	State Zip Code FL 33634 C Occupation nealth care Aggregate Year-to-Date ▼ 461.52	Date of Receipt 11 21 2014 Transaction ID : SA11AI.15540 Amount of Each Receipt this Period 19.23
WellCare Health Plans	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 307.68	Date of Receipt 10 24 2014 Transaction ID: SA11AI.15232 Amount of Each Receipt this Period 38.46
SUBTOTAL of Receipts This Page (optional))	76.92
TOTAL This Period (last page this line number on	ly)	

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Thomas Clegg Date of Receipt Mailing Address 8735 Henderson Road 07 2014 City State Zip Code Transaction ID: SA11AI.15436 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans health care Receipt For: Aggregate Year-to-Date ▼ Primary General 346.14 Other (specify) Full Name (Last, First, Middle Initial) B. Thomas Clegg Date of Receipt Mailing Address 8735 Henderson Road 11 21 2014 City State Zip Code Transaction ID: SA11AI.15637 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) Full Name (Last, First, Middle Initial) c. Sue E. Clements Date of Receipt Mailing Address 8735 Henderson Road 10 24 2014 City State Zip Code Transaction ID: SA11AI.15134 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 423.06 Other (specify) 96.15 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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, 3	-	13	14		15		16		17

or for commercial purposes, other than using the	Statements may not be sold or used by any perse name and address of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAG	C (WellCare PAC)	
Full Name (Last, First, Middle Initial) Sue E. Clements Mailing Address 8735 Henderson Road		Date of Receipt
		11 07 2014
City	State Zip Code	Transaction ID : SA11AI.15339
Tampa	FL 33634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	19.23
Name of Employer	Occupation	
Wellcare Health Plans, Inc.	health care	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	442.29	
Full Name (Last, First, Middle Initial) 3. Sue E. Clements		Date of Receipt
Mailing Address 8735 Henderson Road	ı	11 21 _2014 _
City	State Zip Code	Transaction ID : SA11AI.15541
Татра	FL 33634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	19.23
Name of Employer	Occupation	
Wellcare Health Plans, Inc.	health care	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	461.52	
Full Name (Last, First, Middle Initial) C. Ann C. Cox		Date of Receipt
Mailing Address 8735 Henderson Road		10 24 2014
City	State Zip Code FL 33634	Transaction ID : SA11AI.15233
Tampa	1 - 33034	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	38.46
Name of Employer	Occupation	
WellCare Health Plans, Inc.	health care	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	846.12	
SUBTOTAL of Receipts This Page (optional)		76.92
TOTAL This Period (last page this line number	only)	

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TEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one)
Any information copied from such Reports and St or for commercial purposes, other than using the	atements may not be sold or used by any pe name and address of any political committee	erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC	(WellCare PAC)	
Full Name (Last, First, Middle Initial) Ann C. Cox Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼	Date of Receipt 11 07 2014 Transaction ID: SA11Al.15437 Amount of Each Receipt this Period 38.46
Full Name (Last, First, Middle Initial) Ann C. Cox Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 923.04	Date of Receipt 11 21 2014 Transaction ID: SA11AI.15638 Amount of Each Receipt this Period 38.46
Full Name (Last, First, Middle Initial) Justin R. Cramer Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼	Date of Receipt 10 24 2014 Transaction ID : SA11AI.15234 Amount of Each Receipt this Period 38.46
SUBTOTAL of Receipts This Page (optional)		115.38
TOTAL This Period (last page this line number of	only)	

FOR LINE NUMBER: PAGE 32 OF 198 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c

Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Justin R. Cramer Date of Receipt Mailing Address 8735 Henderson Road 07 2014 City State Zip Code Transaction ID: SA11AI.15438 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 884.58 Other (specify) Full Name (Last, First, Middle Initial) B. Justin R. Cramer Date of Receipt Mailing Address 8735 Henderson Road 11 21 2014 City State Zip Code Transaction ID: SA11AI.15639 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 923.04 Other (specify) Full Name (Last, First, Middle Initial) c. Christopher C. Cubero Date of Receipt Mailing Address 8735 Henderson Road 11 21 2014 City State Zip Code Transaction ID: SA11AI.15640 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare Health Plans health care Receipt For: Aggregate Year-to-Date ▼ Primary General 230.76 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

Receipt For:

В.

Primary

General

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

	FOR	LINE	NU	MBER	:	PAGE	3	33 OF	=	198
Use separate schedule(s)	(check only one)									
for each category of the Detailed Summary Page	X	11a		11b		11c		12		
,,		13		14		15		16		717

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Daniel Cup Choy Date of Receipt Mailing Address 8735 Henderson Road 2014 10 24 City State Zip Code Transaction ID: SA11AI.15135 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care

Aggregate Year-to-Date ▼

Other (specify) ▼	288.45	
Full Name (Last, First, Middle Initial) Daniel Cup Choy		Date of Receipt
Mailing Address 8735 Henderson Road		11 07 2014
City	State Zip Code	Transaction ID : SA11AI.15340
Tampa	FL 33634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	19.23
Name of Employer	Occupation	
WellCare Health Plans, Inc.	health care	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 307.68	
Full Name (Last First Middle Initial)		

c. Daniel Cup Choy Date of Receipt Mailing Address 8735 Henderson Road 2014 21 City State Zip Code Transaction ID: SA11AI.15542 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 326.91

	FOR LINE NUMBER:	PAGE 34 OF 198
Use separate schedule(s) for each category of the	(check only one)	
Detailed Summary Page	X 11a	1c12
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) David Cure Date of Receipt Mailing Address 8735 Henderson Road 2014 10 24 City State Zip Code Transaction ID: SA11AI.15282 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 2115.30 Other (specify) Full Name (Last, First, Middle Initial) B. David Cure Date of Receipt Mailing Address 8735 Henderson Road 11 07 2014 City State Zip Code Transaction ID: SA11AI.15486 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 2211.45 Other (specify) Full Name (Last, First, Middle Initial) c. David Cure Date of Receipt Mailing Address 8735 Henderson Road 11 21 2014 Zip Code City State Transaction ID: SA11AI.15688 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 2307.60 Other (specify) 288.45

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 35 OF 198 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Lisa R. Darley Date of Receipt Mailing Address 8735 Henderson Road 2014 10 24 City State Zip Code Transaction ID: SA11AI.15136 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 423.06 Other (specify) Full Name (Last, First, Middle Initial) B. Lisa R. Darley Date of Receipt Mailing Address 8735 Henderson Road 11 07 2014 City State Zip Code Transaction ID: SA11AI.15341 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 442.29 Other (specify) Full Name (Last, First, Middle Initial) c. Lisa R. Darley Date of Receipt Mailing Address 8735 Henderson Road 11 21 2014 City State Zip Code Transaction ID: SA11AI.15543 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 461.52 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 36 OF 198 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) William W. Davies Date of Receipt Mailing Address 8735 Henderson Road 2014 10 24 City State Zip Code Transaction ID: SA11AI.15283 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 2115.30 Other (specify) Full Name (Last, First, Middle Initial) B. William W. Davies Date of Receipt Mailing Address 8735 Henderson Road 11 07 2014 City State Zip Code Transaction ID: SA11AI.15487 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 2211.45 Other (specify) Full Name (Last, First, Middle Initial) c. William W. Davies Date of Receipt Mailing Address 8735 Henderson Road 11 21 2014 City State Zip Code Transaction ID: SA11AI.15689 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 2307.60 Other (specify) 288.45 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 37 OF 198 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Natalie D. Davis Date of Receipt Mailing Address 8735 Henderson Road 2014 10 24 City State Zip Code Transaction ID: SA11AI.15137 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 423.06 Other (specify) Full Name (Last, First, Middle Initial) B. Natalie D. Davis Date of Receipt Mailing Address 8735 Henderson Road 11 07 2014 City State Zip Code Transaction ID: SA11AI.15342 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 442.29 Other (specify) Full Name (Last, First, Middle Initial) c. Natalie D. Davis Date of Receipt Mailing Address 8735 Henderson Road 11 21 2014 City State Zip Code Transaction ID: SA11AI.15544 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 461.52 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)

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TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
Any information copied from such Reports and State or for commercial purposes, other than using the na		
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC)	
Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify) ▼	State Zip Code FL 33634 C Decupation ealth care Aggregate Year-to-Date ▼ 846.12	Date of Receipt 10 24 2014 Transaction ID: SA11AI.15236 Amount of Each Receipt this Period 38.46
Name of Employer WellCare Health Plans, Inc.	State Zip Code FL 33634 C Decupation ealth care Aggregate Year-to-Date ▼ 884.58	Date of Receipt 11 07 2014 Transaction ID: SA11AI.15440 Amount of Each Receipt this Period 38.46
WellCare Health Plans, Inc.	State Zip Code FL 33634 C Decupation lealth care Aggregate Year-to-Date ▼ 923.04	Date of Receipt 11 21 2014 Transaction ID: SA11AI.15641 Amount of Each Receipt this Period 38.46
SUBTOTAL of Receipts This Page (optional)	·····	115.38
TOTAL This Period (last page this line number only	y)	

	FOF	R LINE	NU	IMBER	:	PAGE	: ;	39 OF	198
Use separate schedule(s)	(che	ck only	or	ne)					
for each category of the Detailed Summary Page	X	11a		11b		11c		12	
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	I Statements may not be sold or used by any persite name and address of any political committee to	
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PA	AC (WellCare PAC)	
Full Name (Last, First, Middle Initial) Valerie DeBoe		Date of Receipt
Mailing Address 8735 Henderson Road		10 24 2014
City Tampa	State Zip Code FL 33634	Transaction ID : SA11AI.15226
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 28.84
Name of Employer WellCare Health Plans, Inc. Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation health care Aggregate Year-to-Date ▼ 634.48	
Full Name (Last, First, Middle Initial) Valerie DeBoe Mailing Address 8735 Henderson Road		Date of Receipt
City	State Zip Code	11 07 2014 Transaction ID : SA11AI.15430
Татра	FL 33634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	28.84
Name of Employer WellCare Health Plans, Inc.	Occupation health care	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 663.32	
Full Name (Last, First, Middle Initial) C. Valerie DeBoe		Date of Receipt
Mailing Address 8735 Henderson Road		11 21 2014
City Tampa	State Zip Code FL 33634	Transaction ID : SA11AI.15632 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	28.84
Name of Employer	Occupation	
WellCare Health Plans, Inc. Receipt For:	health care	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 692.16	
SUBTOTAL of Receipts This Page (optional).	>	86.52
TOTAL This Period (last page this line number	er only)	

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Desiree Demonbreun Date of Receipt Mailing Address 8735 Henderson Road 2014 10 24 City State Zip Code Transaction ID: SA11AI.15138 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 423.06 Other (specify) Full Name (Last, First, Middle Initial) B. Desiree Demonbreun Date of Receipt Mailing Address 8735 Henderson Road 11 07 2014 City State Zip Code Transaction ID: SA11AI.15343 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 442.29 Other (specify) Full Name (Last, First, Middle Initial) c. Desiree Demonbreun Date of Receipt Mailing Address 8735 Henderson Road 11 21 2014 City State Zip Code Transaction ID: SA11AI.15545 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 461.52 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 41 OF 198 Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) David W. Deweese Date of Receipt Mailing Address 8735 Henderson Road 2014 10 24 City State Zip Code Transaction ID: SA11AI.15139 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 423.06 Other (specify) Full Name (Last, First, Middle Initial) B. David W. Deweese Date of Receipt Mailing Address 8735 Henderson Road 11 07 2014 City State Zip Code Transaction ID: SA11AI.15344 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 442.29 Other (specify) Full Name (Last, First, Middle Initial) c. David W. Deweese Date of Receipt Mailing Address 8735 Henderson Road 11 21 2014 City State Zip Code Transaction ID: SA11AI.15546 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 461.52 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Grace Diaz Date of Receipt Mailing Address 8735 Henderson Road 2014 10 24 City State Zip Code Transaction ID: SA11AI.15237 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 846.12 Other (specify) Full Name (Last, First, Middle Initial) B. Grace Diaz Date of Receipt Mailing Address 8735 Henderson Road 11 07 2014 City State Zip Code Transaction ID: SA11AI.15441 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 884.58 Other (specify) Full Name (Last, First, Middle Initial) c. Grace Diaz Date of Receipt Mailing Address 8735 Henderson Road 11 21 2014 City State Zip Code Transaction ID: SA11AI.15642 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 923.04 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 43 OF 198

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
Any information copied from such Reports and St or for commercial purposes, other than using the	atements may not be sold or used by any pe name and address of any political committee	rson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC	(WellCare PAC)	
Full Name (Last, First, Middle Initial) Lisa V. Downey Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 846.12	Date of Receipt 10 24 2014 Transaction ID: SA11AI.15238 Amount of Each Receipt this Period 38.46
Full Name (Last, First, Middle Initial) Lisa V. Downey Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Receipt For: Primary Other (specify) General	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼	Date of Receipt 11 07 2014 Transaction ID: SA11AI.15442 Amount of Each Receipt this Period 38.46
Full Name (Last, First, Middle Initial) C. Lisa V. Downey Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 923.04	Date of Receipt 11 21 2014 Transaction ID : SA11AI.15643 Amount of Each Receipt this Period 38.46
SUBTOTAL of Receipts This Page (optional)	>	115.38
TOTAL This Period (last page this line number of	only)	

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Karen Driskill Date of Receipt Mailing Address 8735 Henderson Road 2014 10 24 City State Zip Code Transaction ID: SA11AI.15239 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 615.36 Other (specify) Full Name (Last, First, Middle Initial) B. Karen Driskill Date of Receipt Mailing Address 8735 Henderson Road 11 07 2014 City State Zip Code Transaction ID: SA11AI.15443 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 653.82 Other (specify) Full Name (Last, First, Middle Initial) c. Karen Driskill Date of Receipt Mailing Address 8735 Henderson Road 11 21 2014 City State Zip Code Transaction ID: SA11AI.15644 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 692.28 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

	FOR LINE NUMBER: PAG	iE 45 OF 198
Use separate schedule(s)	(check only one)	
for each category of the Detailed Summary Page	X 11a 11b 11c	12
	13 14 15	16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Michael Easterday Date of Receipt Mailing Address 8735 Henderson Road 10 2014 24 City State Zip Code Transaction ID: SA11AI.15140 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation health care WellCare Health Plans, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 346.14 Other (specify) Full Name (Last, First, Middle Initial) **B.** Michael Easterday Date of Receipt Mailing Address 8735 Henderson Road 11 07 2014 City State Zip Code Transaction ID: SA11AI.15345 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 365.37 Other (specify) Full Name (Last, First, Middle Initial) c. Michael Easterday Date of Receipt Mailing Address 8735 Henderson Road 11 21 2014 City State Zip Code Transaction ID: SA11AI.15547 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 46 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12

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Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Lisa M. Eilers Date of Receipt Mailing Address 8735 Henderson Road 2014 10 24 City State Zip Code Transaction ID: SA11AI.15141 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 423.06 Other (specify) Full Name (Last, First, Middle Initial) B. Lisa M. Eilers Date of Receipt Mailing Address 8735 Henderson Road 11 07 2014 City State Zip Code Transaction ID: SA11AI.15346 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 442.29 Other (specify) Full Name (Last, First, Middle Initial) c. Lisa M. Eilers Date of Receipt Mailing Address 8735 Henderson Road 11 21 2014 City State Zip Code Transaction ID: SA11AI.15548 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 461.52 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 47 OF 198 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Carolyn M. Enzinna Date of Receipt Mailing Address 8735 Henderson Road 2014 10 24 City State Zip Code Transaction ID: SA11AI.15142 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 423.06 Other (specify) Full Name (Last, First, Middle Initial) B. Carolyn M. Enzinna Date of Receipt Mailing Address 8735 Henderson Road 11 07 2014 City State Zip Code Transaction ID: SA11AI.15347 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 442.29 Other (specify) Full Name (Last, First, Middle Initial) c. Carolyn M. Enzinna Date of Receipt Mailing Address 8735 Henderson Road 11 21 2014 City State Zip Code Transaction ID: SA11AI.15549 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 461.52 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Hector L. Feliciano Date of Receipt Mailing Address 8735 Henderson Road 2014 10 24 City State Zip Code Transaction ID: SA11AI.15143 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 423.06 Other (specify) Full Name (Last, First, Middle Initial) B. Hector L. Feliciano Date of Receipt Mailing Address 8735 Henderson Road 11 07 2014 City State Zip Code Transaction ID: SA11AI.15348 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 442.29 Other (specify) Full Name (Last, First, Middle Initial) **c.** Hector L. Feliciano Date of Receipt Mailing Address 8735 Henderson Road 11 21 2014 City State Zip Code Transaction ID: SA11AI.15550 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 461.52 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Traci L. Ferguson Date of Receipt Mailing Address 8735 Henderson Road 2014 10 24 City State Zip Code Transaction ID: SA11AI.15144 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 423.06 Other (specify) Full Name (Last, First, Middle Initial) B. Traci L. Ferguson Date of Receipt Mailing Address 8735 Henderson Road 11 07 2014 City State Zip Code Transaction ID: SA11AI.15349 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 442.29 Other (specify) Full Name (Last, First, Middle Initial) c. Traci L. Ferguson Date of Receipt Mailing Address 8735 Henderson Road 11 21 2014 City State Zip Code Transaction ID: SA11AI.15551 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 461.52 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Ryan B. Fogarty Date of Receipt Mailing Address 8735 Henderson Road 2014 10 24 City State Zip Code Transaction ID: SA11AI.15221 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 20.83 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 458.26 Other (specify) Full Name (Last, First, Middle Initial) **B.** Ryan B. Fogarty Date of Receipt Mailing Address 8735 Henderson Road 11 07 2014 City State Zip Code Transaction ID: SA11AI.15425 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 20.83 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 479.09 Other (specify) Full Name (Last, First, Middle Initial) c. Ryan B. Fogarty Date of Receipt Mailing Address 8735 Henderson Road 11 21 2014 City State Zip Code Transaction ID: SA11AI.15627 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 20.83 С federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 499.92 Other (specify) 62.49 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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198 for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full)

F	Full Name (Last, First, Middle Initial)		
Α.	Dalvin Ford		Date of Receipt
-	Mailing Address 8735 Henderson Road		10 24 2014
(City	State Zip Code	Transaction ID : SA11AI.15222
	Tampa	FL 33634	Amount of Each Receipt this Period
	FEC ID number of contributing dederal political committee.	C	20.83
1	Name of Employer	Occupation	
١	Wellcare Health Plans, Inc.	health care	
Ē	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 458.26	
	Full Name (Last, First, Middle Initial) Dalvin Ford		Date of Receipt
	Mailing Address 8735 Henderson Road		1.1 07 _ 2014 _
(City	State Zip Code	Transaction ID : SA11AI.15426
	Tampa	FL 33634	Amount of Each Receipt this Period
F	FEC ID number of contributing dederal political committee.	C	20.83
	Name of Employer	Occupation	
V	Wellcare Health Plans, Inc.	health care	
Ē	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify) ▼	479.09	
	Full Name (Last, First, Middle Initial) Dalvin Ford		Date of Receipt
N	Mailing Address 8735 Henderson Road		11 21 _ 2014 _
(City	State Zip Code	Transaction ID : SA11AI.15628
	Tampa	FL 33634	Amount of Each Receipt this Period
	FEC ID number of contributing dederal political committee.	C	20.83
1	Name of Employer	Occupation	
١	Wellcare Health Plans, Inc.	health care	
Ē	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify) ▼	499.92	
H	JBTOTAL of Receipts This Page (optional)		62.49

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	nd Statements may not be sold or used by any per-	
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. F	PAC (WellCare PAC)	
Full Name (Last, First, Middle Initial) Vincent L. Frakes Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 538.44	Date of Receipt 10 24 2014 Transaction ID : SA11AI.15240 Amount of Each Receipt this Period 38.46
Full Name (Last, First, Middle Initial) Vincent L. Frakes Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 576.90	Date of Receipt 11 07 2014 Transaction ID : SA11AI.15444 Amount of Each Receipt this Period 38.46
Full Name (Last, First, Middle Initial) Vincent L. Frakes Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 615.36	Date of Receipt 11 21 2014 Transaction ID : SA11AI.15645 Amount of Each Receipt this Period 38.46
SUBTOTAL of Receipts This Page (optional	1)	115.38
TOTAL This Period (last page this line num	ber only)	1

SCHEDULE A (FEC Form 3X)

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TEMIZED RECEIPTS	for each category of the Detailed Summary Page	(cneck only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any per parame and address of any political committee	erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAG	C (WellCare PAC)	
Full Name (Last, First, Middle Initial) Paul H. Frank Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer Wellcare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 423.06	Date of Receipt 10 24 2014 Transaction ID : SA11AI.15145 Amount of Each Receipt this Period 19.23
Full Name (Last, First, Middle Initial) Paul H. Frank Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer Wellcare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 442.29	Date of Receipt 11 07 2014 Transaction ID: SA11AI.15350 Amount of Each Receipt this Period 19.23
Full Name (Last, First, Middle Initial) Paul H. Frank Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer Wellcare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 461.52	Date of Receipt 11 21 2014 Transaction ID : SA11AI.15552 Amount of Each Receipt this Period 19.23
SUBTOTAL of Receipts This Page (optional)		57.69
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE 54 OF 198 Use separate schedule(s) (check only one) X 11a 11b 12 11c 14 13 15 16

for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Dana French Date of Receipt Mailing Address 8735 Henderson Avenue 2014 10 24 City State Zip Code Transaction ID: SA11AI.15241 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 615.36 Other (specify) Full Name (Last, First, Middle Initial) B. Dana French Date of Receipt Mailing Address 8735 Henderson Avenue 11 07 2014 City State Zip Code Transaction ID: SA11AI.15445 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 653.82 Other (specify) Full Name (Last, First, Middle Initial) c. Dana French Date of Receipt Mailing Address 8735 Henderson Avenue 11 21 2014 City State Zip Code Transaction ID: SA11AI.15646 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 692.28 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) David J. Gallitano Date of Receipt Mailing Address 8735 Henderson Road 2014 10 24 City State Zip Code Transaction ID: SA11AI.15306 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 192.30 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 3528.48 Other (specify) Full Name (Last, First, Middle Initial) B. David J. Gallitano Date of Receipt Mailing Address 8735 Henderson Road 11 07 2014 City State Zip Code Transaction ID: SA11AI.15509 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 192.30 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 3720.78 Other (specify) Full Name (Last, First, Middle Initial) c. David J. Gallitano Date of Receipt Mailing Address 8735 Henderson Road 11 21 2014 City State Zip Code Transaction ID: SA11AI.15713 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 192.30 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 3913.08 Other (specify) 576.90 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

Use separate schedule(s) for each category of the Detailed Summary Page

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Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any perse name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAGE	C (WellCare PAC)	
Full Name (Last, First, Middle Initial) A. Eileen D. Gannon Mailing Address 8735 Henderson Road		Date of Receipt
		11 21 2014
City	State Zip Code	Transaction ID : SA11AI.15524
Татра	FL 33634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	9.61
Name of Employer	Occupation	
Wellcare Health Plans, Inc.	health care	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) \blacktriangledown	201.81	
Full Name (Last, First, Middle Initial) Michael A. Gerasimovich		Date of Receipt
Mailing Address 8735 Henderson Road		10 24 2014
City	State Zip Code FL 33634	Transaction ID : SA11AI.15146
Tampa	FL 33634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	19.23
Name of Employer	Occupation	
WellCare Health Plans, Inc.	health care	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	423.06	
Full Name (Last, First, Middle Initial) C. Michael A. Gerasimovich		Date of Receipt
Mailing Address 8735 Henderson Road		11 07 2014
City Tampa	State Zip Code FL 33634	Transaction ID : SA11AI.15351
·	1	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	19.23
Name of Employer	Occupation	
WellCare Health Plans, Inc.	health care	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	442.29	
SUBTOTAL of Receipts This Page (optional)		48.07
TOTAL This Period (last page this line number		

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Michael A. Gerasimovich Date of Receipt Mailing Address 8735 Henderson Road 2014 11 21 City State Zip Code Transaction ID: SA11AI.15553 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 461.52 Other (specify) Full Name (Last, First, Middle Initial) B. Louis Gianquinto, Jr. Date of Receipt Mailing Address 8735 Henderson Road 10 24 2014 City State Zip Code Transaction ID: SA11AI.15284 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1538.40 Other (specify) Full Name (Last, First, Middle Initial) **c.** Louis Gianquinto, Jr. Date of Receipt Mailing Address 8735 Henderson Road 11 07 2014 City State Zip Code Transaction ID: SA11AI.15488 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1634.55 Other (specify) 211.53 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Use separate schedule(s) for each category of the Detailed Summary Page

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	Statements may not be sold or used by any pers he name and address of any political committee to	
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PA	AC (WellCare PAC)	
Full Name (Last, First, Middle Initial) Louis Gianquinto, Jr. Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing	State Zip Code FL 33634	Date of Receipt 11 21 2014 Transaction ID : SA11AI.15690 Amount of Each Receipt this Period 96.15
federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation health care Aggregate Year-to-Date ▼ 1730.70	
Full Name (Last, First, Middle Initial) Steven Goldberg Mailing Address 8735 Henderson Road City Tampa	State Zip Code FL 33634	Date of Receipt 10 29 2014 Transaction ID: SA11AI.15098
Tampa FEC ID number of contributing federal political committee. Name of Employer	FL 33634	Amount of Each Receipt this Period 5000.00
WellCare Health Plans, Inc. Receipt For: Primary General Other (specify) ▼	chief medical officer Aggregate Year-to-Date ▼ 5000.00	
Full Name (Last, First, Middle Initial) Elizabeth Goodman Mailing Address 8735 Henderson Road	1	Date of Receipt
City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify) ▼	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 2211.45	Transaction ID : SA11AI.15307 Amount of Each Receipt this Period 192.30
SUBTOTAL of Receipts This Page (optional)	•	5288.45
TOTAL This Period (last page this line number	er only)	

SCHEDULE A (FEC Form 3X)

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ITEMIZED RECEIPTS Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Elizabeth Goodman Date of Receipt Mailing Address 8735 Henderson Road 07 2014 City State Zip Code Transaction ID: SA11AI.15510 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 192.30 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 2403.75 Other (specify) Full Name (Last, First, Middle Initial) B. Elizabeth Goodman Date of Receipt Mailing Address 8735 Henderson Road 11 21 2014 City State Zip Code Transaction ID: SA11AI.15714 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 192.30 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 2596.05 Other (specify) Full Name (Last, First, Middle Initial) **c.** Julie S. Griswold Date of Receipt Mailing Address 8735 Henderson Road 10 24 2014 Zip Code City State Transaction ID: SA11AI.15118 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 9.61 federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼

TOTAL This Period (last page this line number only)	SUBTOTAL of Receipts This Page (optional)		_	7	_	Ξ	7	Ξ	39	4.21	
	TOTAL This Period (last page this line number only)	_	_	7	_	_	7	_	_	_	

211.42

Primary

Other (specify)

General

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Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Julie S. Griswold Date of Receipt Mailing Address 8735 Henderson Road 07 2014 City State Zip Code Transaction ID: SA11AI.15323 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 9.61 federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 221.03 Other (specify) Full Name (Last, First, Middle Initial) B. Julie S. Griswold Date of Receipt Mailing Address 8735 Henderson Road 11 21 2014 City State Zip Code Transaction ID: SA11AI.15525 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 9.61 federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 230.64 Other (specify) Full Name (Last, First, Middle Initial) c. Patricia B. Guay Date of Receipt Mailing Address 8735 Henderson Road 10 24 2014 City State Zip Code Transaction ID: SA11AI.15245 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 846.12 Other (specify) 57.68 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 61 OF 198 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

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SCHEDULE A (FEC Form 3X)

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\	MMITTEE (In Full) Health Plans, Inc. PAC	C (WellCa	re PAC)					
Mailing Addre City Tampa	ess 8735 Henderson Road	State FL	Zip Code 33634	11 Trans	Receipt 07 action ID : SA	2 A11AI.154		Y
Name of Emp WellCare Hea Receipt For:	oloyer alth Plans, Inc.	Occupation health care Aggregate	Year-to-Date ▼ 2211.45		. 9	7	96.1	15
Michael H Mailing Addre City Tampa	ess 8735 Henderson Road	State FL	Zip Code 33634	11 Transa	Receipt 21 action ID : SA of Each Rec	20 11Al.156		5
Name of Emp WellCare Hea Receipt For: Primary Other (s	Ith Plans, Inc.	Occupation health care Aggregate	Year-to-Date ▼ 2307.60					
City Tampa FEC ID numb federal politica Name of Emp Wellcare Heal Receipt For: Primary	per of contributing al committee.	State FL C Occupation health care Aggregate	Zip Code 33634 Year-to-Date ▼	10 Trans	Receipt / 24 action ID : SA of Each Rec	20 A11AI.151		23
SUBTOTAL of	Receipts This Page (optional))			,	211.5	3
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	13	14	15	16		

98

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423.06

Other (specify)

FOR LINE NUMBER: PAGE 64 OF 198 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Nicole Hall Date of Receipt Mailing Address 8735 Henderson Road 07 2014 City State Zip Code Transaction ID: SA11AI.15354 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 442.29 Other (specify) Full Name (Last, First, Middle Initial) B. Nicole Hall Date of Receipt Mailing Address 8735 Henderson Road 11 21 2014 City State Zip Code Transaction ID: SA11AI.15556 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 461.52 Other (specify) Full Name (Last, First, Middle Initial) c. Matthew P. Halme Date of Receipt Mailing Address 8735 Henderson Road 11 07 2014 City State Zip Code Transaction ID: SA11AI.15449 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare Health Plans health care Receipt For: Aggregate Year-to-Date ▼ Primary General 230.76 Other (specify) 76.92 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 65 OF 198 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c

Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Matthew P. Halme Date of Receipt Mailing Address 8735 Henderson Road 2014 21 City State Zip Code Transaction ID: SA11AI.15650 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans health care Receipt For: Aggregate Year-to-Date ▼ Primary General 269.22 Other (specify) Full Name (Last, First, Middle Initial) B. Robin Hamel Date of Receipt Mailing Address 8735 Henderson Road 10 24 2014 City State Zip Code Transaction ID: SA11AI.15247 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 846.12 Other (specify) Full Name (Last, First, Middle Initial) c. Robin Hamel Date of Receipt Mailing Address 8735 Henderson Road 11 07 2014 City State Zip Code Transaction ID: SA11AI.15450 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 884.58 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 66 OF 198 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Robin Hamel Date of Receipt Mailing Address 8735 Henderson Road 2014 21 City State Zip Code Transaction ID: SA11AI.15651 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 923.04 Other (specify) Full Name (Last, First, Middle Initial) B. Camille C. Hamid Date of Receipt Mailing Address 8735 Henderson Road 10 24 2014 City State Zip Code Transaction ID: SA11AI.15151 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 423.06 Other (specify) Full Name (Last, First, Middle Initial) c. Camille C. Hamid Date of Receipt Mailing Address 8735 Henderson Road 11 07 2014 City State Zip Code Transaction ID: SA11AI.15355 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 442.29 Other (specify) 76.92 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 67 OF 198 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c

Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Camille C. Hamid Date of Receipt Mailing Address 8735 Henderson Road 2014 21 City State Zip Code Transaction ID: SA11AI.15557 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 461.52 Other (specify) Full Name (Last, First, Middle Initial) B. Cindy L. Hankin Date of Receipt Mailing Address 8735 Henderson Road 10 24 2014 City State Zip Code Transaction ID: SA11AI.15152 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 423.06 Other (specify) Full Name (Last, First, Middle Initial) c. Cindy L. Hankin Date of Receipt Mailing Address 8735 Henderson Road 11 07 2014 City State Zip Code Transaction ID: SA11AI.15356 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 442.29 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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or each category of the	
Detailed Summary Page	X 11a 11b

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	Statements may not be sold or used by any person ename and address of any political committee to	
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PA	C (WellCare PAC)	
Full Name (Last, First, Middle Initial) Cindy L. Hankin Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 461.52	Date of Receipt 1.1 21 2014 Transaction ID : SA11AI.15558 Amount of Each Receipt this Period
Full Name (Last, First, Middle Initial) Richard M. Hanks Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer Wellcare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 1108.92	Date of Receipt 10 24 2014 Transaction ID: SA11AI.15248 Amount of Each Receipt this Period 38.46
Full Name (Last, First, Middle Initial) Richard M. Hanks Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer Wellcare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 1147.38	Date of Receipt 11 07 2014 Transaction ID: SA11AI.15451 Amount of Each Receipt this Period 38.46
SUBTOTAL of Receipts This Page (optional)		96.15
TOTAL This Period (last page this line number	only)	

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Richard M. Hanks Date of Receipt Mailing Address 8735 Henderson Road 2014 11 21 City State Zip Code Transaction ID: SA11AI.15652 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1185.84 Other (specify) Full Name (Last, First, Middle Initial) B. Merrill J. Hausenfluck Date of Receipt Mailing Address 8735 Henderson Road 10 24 2014 City State Zip Code Transaction ID: SA11AI.15249 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 846.12 Other (specify) Full Name (Last, First, Middle Initial) c. Merrill J. Hausenfluck Date of Receipt Mailing Address 8735 Henderson Road 11 07 2014 City State Zip Code Transaction ID: SA11AI.15452 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 884.58 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)

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TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
Any information copied from such Reports and Sta or for commercial purposes, other than using the r		
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC	(WellCare PAC)	
Full Name (Last, First, Middle Initial) Merrill J. Hausenfluck Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary Other (specify) General	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 923.04	Date of Receipt 11 21 2014 Transaction ID: SA11AI.15653 Amount of Each Receipt this Period 38.46
Full Name (Last, First, Middle Initial) Christine M. Hayes Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer Wellcare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 423.06	Date of Receipt 10 24 2014 Transaction ID: SA11AI.15153 Amount of Each Receipt this Period 19.23
Full Name (Last, First, Middle Initial) Christine M. Hayes Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer Wellcare Health Plans, Inc. Receipt For: Primary Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼	Date of Receipt 11 07 2014 Transaction ID : SA11AI.15357 Amount of Each Receipt this Period 19.23
SUBTOTAL of Receipts This Page (optional))	76.92
TOTAL This Period (last page this line number or	nly)	

SCHEDULE A (FEC Form 3X)

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TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
Any information copied from such Reports and Sta or for commercial purposes, other than using the n	tements may not be sold or used by any per name and address of any political committee	rson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC	(WellCare PAC)	
Wellcare Health Plans, Inc. Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 461.52	Date of Receipt 11 21 2014 Transaction ID: SA11AI.15559 Amount of Each Receipt this Period 19.23
WallCare Health Dlane Inc	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 2115.30	Date of Receipt 10 24 2014 Transaction ID: SA11AI.15286 Amount of Each Receipt this Period 96.15
' '	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 2211.45	Date of Receipt 11 07 2014 Transaction ID: SA11AI.15490 Amount of Each Receipt this Period 96.15
SUBTOTAL of Receipts This Page (optional)	>	211.53
TOTAL This Period (last page this line number or	nly)	

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Maurice Hebert Date of Receipt Mailing Address 8735 Henderson Road 2014 21 City State Zip Code Transaction ID: SA11AI.15694 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 2307.60 Other (specify) Full Name (Last, First, Middle Initial) B. Lisa Hershiser Date of Receipt Mailing Address 8735 Henderson Road 10 24 2014 City State Zip Code Transaction ID: SA11AI.15252 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 846.12 Other (specify) Full Name (Last, First, Middle Initial) c. Lisa Hershiser Date of Receipt Mailing Address 8735 Henderson Road 11 07 2014 City State Zip Code Transaction ID: SA11AI.15454 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 884.58 Other (specify) 173.07 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

		PAGE	73 OF	198
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Detailed Summary Page	X 11a 11b	11c	12	
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Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may not be sold or used by any person the name and address of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. F	PAC (WellCare PAC)	
Full Name (Last, First, Middle Initial) Lisa Hershiser Mailing Address 8735 Henderson Road		Date of Receipt
City	State Zip Code	11 21 2014
Tampa	FL 33634	Transaction ID : SA11AI.15655 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	38.46
Name of Employer Wellcare Health Plans, Inc.	Occupation health care	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 923.04	
Full Name (Last, First, Middle Initial) Troy Hildreth Mailing Address 8735 Henderson Road	·	Date of Receipt
		10 24 2014
City	State Zip Code	Transaction ID : SA11AI.15253
Tampa FEC ID number of contributing federal political committee.	FL 33634	Amount of Each Receipt this Period 38.46
Name of Employer Wellcare Health Plans, Inc.	Occupation health care	-
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 846.12	
Full Name (Last, First, Middle Initial)	1	
C. Troy Hildreth Mailing Address 8735 Henderson Road		Date of Receipt 11 07 2014
City Tampa	State Zip Code FL 33634	Transaction ID : SA11AI.15455
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 38.46
Name of Employer	Occupation	-
Wellcare Health Plans, Inc.	health care	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 884.58	
SUBTOTAL of Receipts This Page (optional)	115.38
TOTAL This Period (last page this line num	ber only)	

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Troy Hildreth Date of Receipt Mailing Address 8735 Henderson Road 2014 21 City State Zip Code Transaction ID: SA11AI.15656 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 923.04 Other (specify) Full Name (Last, First, Middle Initial) B. Tanya Hillary Date of Receipt Mailing Address 8735 Henderson Road 10 24 2014 City State Zip Code Transaction ID: SA11AI.15154 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 423.06 Other (specify) Full Name (Last, First, Middle Initial) c. Tanya Hillary Date of Receipt Mailing Address 8735 Henderson Road 11 07 2014 City State Zip Code Transaction ID: SA11AI.15358 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 442.29 Other (specify) 76.92 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	FOR LINE NUMBER:	PAGE	75 OF	198
Use separate schedule(s)	(check only one)			
for each category of the Detailed Summary Page	X 11a 11b	11c	12	
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Tanya Hillary Date of Receipt Mailing Address 8735 Henderson Road 2014 21 City State Zip Code Transaction ID: SA11AI.15560 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation health care Wellcare Health Plans, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 461.52 Other (specify) Full Name (Last, First, Middle Initial) B. Robert L. Hilliard Date of Receipt Mailing Address 8735 Henderson Road 10 24 2014 City State Zip Code Transaction ID: SA11AI.15287 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1730.70 Other (specify) Full Name (Last, First, Middle Initial) c. Robert L. Hilliard Date of Receipt Mailing Address 8735 Henderson Road 07 2014 11 City State Zip Code Transaction ID: SA11AI.15491 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1826.85 Other (specify) 211.53 SUBTOTAL of Receipts This Page (optional).....

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TOTAL This Period (last page this line number only).....

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13 14 15 16 17	, .,		13		14	15		16		17

	Statements may not be sold or used by any pers he name and address of any political committee to	
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PA	AC (WellCare PAC)	
Full Name (Last, First, Middle Initial) Robert L. Hilliard Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee.	State Zip Code FL 33634	Date of Receipt 11 21 2014 Transaction ID : SA11AI.15695 Amount of Each Receipt this Period 96.15
Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify) ▼	Occupation health care Aggregate Year-to-Date ▼ 1923.00	
Full Name (Last, First, Middle Initial) Bruce P. Himelstein Mailing Address 8735 Henderson Road City	State Zip Code	Date of Receipt 10 24 2014 Transaction ID: SA11AI.15155
Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc.	FL 33634 C Occupation	Amount of Each Receipt this Period 19.23
Receipt For: Primary General Other (specify) ▼	health care Aggregate Year-to-Date ▼ 346.14	
Full Name (Last, First, Middle Initial) Bruce P. Himelstein Mailing Address 8735 Henderson Road	,	Date of Receipt 11 07 2014
City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify) ▼	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 365.37	Transaction ID : SA11AI.15359 Amount of Each Receipt this Period 19.23
SUBTOTAL of Receipts This Page (optional)	>	134.61
TOTAL This Period (last page this line numbe	er only)	

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Bruce P. Himelstein Date of Receipt Mailing Address 8735 Henderson Road 2014 11 21 City State Zip Code Transaction ID: SA11AI.15561 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) Full Name (Last, First, Middle Initial) B. William Hinsdale Date of Receipt Mailing Address 8735 Henderson Road 10 24 2014 City State Zip Code Transaction ID: SA11AI.15254 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 846.12 Other (specify) Full Name (Last, First, Middle Initial) c. William Hinsdale Date of Receipt Mailing Address 8735 Henderson Road 11 07 2014 City State Zip Code Transaction ID: SA11AI.15456 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 884.58 Other (specify) 96.15 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) William Hinsdale Date of Receipt Mailing Address 8735 Henderson Road 2014 11 21 City State Zip Code Transaction ID: SA11AI.15657 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 923.04 Other (specify) Full Name (Last, First, Middle Initial) B. John J. Hofstetter Date of Receipt Mailing Address 8735 Henderson Road 10 24 2014 City State Zip Code Transaction ID: SA11AI.15156 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 423.06 Other (specify) Full Name (Last, First, Middle Initial) **c.** John J. Hofstetter Date of Receipt Mailing Address 8735 Henderson Road 11 07 2014 City State Zip Code Transaction ID: SA11AI.15360 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 442.29 Other (specify) 76.92 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Marla P. Holcomb Date of Receipt Mailing Address 8735 Henderson Road 2014 21 City State Zip Code Transaction ID: SA11AI.15696 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 2307.60 Other (specify) Full Name (Last, First, Middle Initial) B. Christopher H. Horan Date of Receipt Mailing Address 8735 Henderson Road 10 24 2014 City State Zip Code Transaction ID: SA11AI.15157 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 423.06 Other (specify) Full Name (Last, First, Middle Initial) c. Christopher H. Horan Date of Receipt Mailing Address 8735 Henderson Road 11 07 2014 City State Zip Code Transaction ID: SA11AI.15361 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 442.29 Other (specify) 134.61 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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	Statements may not be sold or used by any pers he name and address of any political committee to	
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PA	AC (WellCare PAC)	
Full Name (Last, First, Middle Initial) Christopher H. Horan Mailing Address 8735 Henderson Road		Date of Receipt 11 21 2014
City Tampa	State Zip Code FL 33634	Transaction ID : SA11AI.15563 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	Occupation	19.23
Name of Employer WellCare Receipt For: Primary General Other (specify) ▼	Occupation health care Aggregate Year-to-Date ▼ 461.52	
Full Name (Last, First, Middle Initial) 3. David Hurter Mailing Address 901 N. Hemlock Lane	·	Date of Receipt
City Mount Prospect	State Zip Code IL 60056	Transaction ID : SA11AI.15158 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	19.23
Name of Employer WellCare Receipt For:	Occupation health care Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	423.06	
Full Name (Last, First, Middle Initial) David Hurter	·	Date of Receipt
Mailing Address 901 N. Hemlock Lane City	State Zip Code	11 07 2014 Transaction ID : SA11Al.15362
Mount Prospect FEC ID number of contributing federal political committee.	IL 60056	Amount of Each Receipt this Period
Name of Employer WellCare	Occupation health care	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 442.29	
SUBTOTAL of Receipts This Page (optional).	>	57.69
TOTAL This Period (last page this line number	er only)	

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for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) David Hurter Date of Receipt Mailing Address 901 N. Hemlock Lane 2014 21 City State Zip Code Transaction ID: SA11AI.15564 Mount Prospect IL 60056 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 461.52 Other (specify) Full Name (Last, First, Middle Initial) B. Marlene Hyman Date of Receipt Mailing Address 8735 Henderson Road 10 24 2014 City State Zip Code Transaction ID: SA11AI.15159 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 307.68 Other (specify) Full Name (Last, First, Middle Initial) c. Marlene Hyman Date of Receipt Mailing Address 8735 Henderson Road 11 07 2014 City State Zip Code Transaction ID: SA11AI.15363 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 326.91 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Marlene Hyman Date of Receipt Mailing Address 8735 Henderson Road 2014 21 City State Zip Code Transaction ID: SA11AI.15565 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 346.14 Other (specify) Full Name (Last, First, Middle Initial) B. Lisa G. Iglesias Date of Receipt Mailing Address 8735 Henderson Road 10 24 2014 City State Zip Code Transaction ID: SA11AI.15308 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 192.30 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 4230.60 Other (specify) Full Name (Last, First, Middle Initial) c. Lisa G. Iglesias Date of Receipt Mailing Address 8735 Henderson Road 11 07 2014 City State Zip Code Transaction ID: SA11AI.15511 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 192.30 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 4422.90 Other (specify) 403.83 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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Any information copied from such Reports and Statements	may not be sold or used by any pe							
or for commercial purposes, other than using the name an								
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (Well)	Care PAC)							
Full Name (Last, First, Middle Initial)		Date of F	Receipt			•		
Mailing Address 8735 Henderson Road		M - M	/ 21	/ Y	2014	Y		
City State	Zip Code		ction ID : S	A11AI.				
Tampa FL	33634	Amount o	of Each Re	ceipt th	is Period			
FEC ID number of contributing federal political committee.			,	,	192	.30		
Name of Employer Occupat	ion							
WellCare Health Plans, Inc. health ca	are							
Receipt For: Primary General Aggrega	ate Year-to-Date ▼							
Other (specify) ▼	4615.20							
Full Name (Last, First, Middle Initial) 3. Jason Inman		Date of F	Receipt					
Mailing Address 8735 Henderson Road		10	/ 24	/ Y	2014	Y		
City State Tampa FL	Zip Code 33634	Transac	tion ID : S		15160			
FEC ID number of contributing federal political committee.			1		19	.23		
Name of Employer Wellcare Health Plans, Inc. health ca								
	ate Year-to-Date ▼							
Primary General Other (specify) ▼	423.06							
Full Name (Last, First, Middle Initial) C. Jason Inman		Date of F	Receipt					
Mailing Address 8735 Henderson Road		M M	/ 07	/ Y	2014	Y		
City State Tampa FL	Zip Code		ction ID : S					
	33634	Amount o	of Each Re	ceipt th	is Period			
FEC ID number of contributing federal political committee.			,	,	19	.23		
Name of Employer Occupat								
Wellcare Health Plans, Inc. health c Receipt For:								
Primary General Aggrega	ate Year-to-Date ▼							
Other (specify) ▼	442.29							
SUBTOTAL of Receipts This Page (optional)			,	,	230.	76		
TOTAL This Period (last page this line number only)			,					

	FOR LINE NUMBER:	PAGE	85 OF	198
Use separate schedule(s) for each category of the	(check only one)		_	
Detailed Summary Page	X 11a 11b	11c	12	
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WellCare Receipt For: Primary General Other (specify) ▼	health care Aggregate Year-to-Date ▼ 846.12	
Full Name (Last, First, Middle Initial) Meghan A. Izzo Mailing Address 8735 Henderson Road City	State Zip Code	Date of Receipt 11 07 2014 Transaction ID: SA11AI.15457
Tampa FEC ID number of contributing federal political committee.	FL 33634	Amount of Each Receipt this Period 38.46
Name of Employer WellCare Receipt For: Primary General Other (specify) ▼	Occupation health care Aggregate Year-to-Date ▼ 884.58	
SUBTOTAL of Receipts This Page (optional)		96.15

TOTAL This Period (last page this line number only).....

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FOR LINE NUMBER: PAGE 86 OF (check only one) X 11a 11b 11c

198 Use separate schedule(s) for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Meghan A. Izzo Date of Receipt Mailing Address 8735 Henderson Road 2014 21 City State Zip Code Transaction ID: SA11AI.15658 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 923.04 Other (specify) Full Name (Last, First, Middle Initial) B. Goran Jankovic Date of Receipt Mailing Address 8735 Henderson Road 10 24 2014 City State Zip Code Transaction ID: SA11AI.15256 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 846.12 Other (specify) Full Name (Last, First, Middle Initial) **c.** Goran Jankovic Date of Receipt Mailing Address 8735 Henderson Road 11 07 2014 City State Zip Code Transaction ID: SA11AI.15458 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 884.58 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional).....

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TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Goran Jankovic Date of Receipt Mailing Address 8735 Henderson Road 2014 11 21 City State Zip Code Transaction ID: SA11AI.15659 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 923.04 Other (specify) Full Name (Last, First, Middle Initial) B. Hermilo O. Jazmines Date of Receipt Mailing Address 8735 Henderson Road 10 24 2014 City State Zip Code Transaction ID: SA11AI.15289 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 2115.30 Other (specify) Full Name (Last, First, Middle Initial) c. Hermilo O. Jazmines Date of Receipt Mailing Address 8735 Henderson Road 11 07 2014 City State Zip Code Transaction ID: SA11AI.15493 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 2211.45 Other (specify) 230.76 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Use separate schedule(s) for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. I	PAC (WellCare PAC)	
Full Name (Last, First, Middle Initial) Hermilo O. Jazmines Mailing Address 8735 Henderson Road		Date of Receipt
Mailing Address 8733 Helidelson Road		11 21 2014
City	State Zip Code	Transaction ID : SA11AI.15697
Tampa	FL 33634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	96.15
Name of Employer	Occupation	-
WellCare Health Plans, Inc.	health care	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	2307.60	
Full Name (Last, First, Middle Initial) Walter C. Johnson	•	Date of Receipt
Mailing Address 8735 Henderson Road		10 24 2014
City	State Zip Code FL 33634	Transaction ID : SA11AI.15257
Tampa	FL 33634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	38.46
Name of Employer	Occupation	1
Wellcare Health Plans, Inc.	health care	_
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	846.12	
Full Name (Last, First, Middle Initial) C. Walter C. Johnson	<u> </u>	Date of Receipt
Mailing Address 8735 Henderson Road		11 07 2014
City	State Zip Code	Transaction ID : SA11AI.15459
Татра	FL 33634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	38.46
Name of Employer	Occupation	-
Wellcare Health Plans, Inc.	health care	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	884.58	
SUBTOTAL of Receipts This Page (optional	al)	173.07
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TOTAL This Period (last page this line nun	nber only)	

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Any information copied from such Reports and State or for commercial purposes, other than using the na		
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC)	
Name of Employer Wellcare Health Plans, Inc.	State Zip Code FL 33634 C ccupation ealth care ggregate Year-to-Date ▼ 923.04	Date of Receipt 11 21 2014 Transaction ID : SA11AI.15660 Amount of Each Receipt this Period 38.46
Name of Employer Wellcare Health Plans, Inc.	State Zip Code FL 33634 C ccupation ealth care ggregate Year-to-Date ▼ 423.06	Date of Receipt 10 24 2014 Transaction ID: SA11Al.15161 Amount of Each Receipt this Period 19.23
Name of Employer Wellcare Health Plans, Inc.	State Zip Code FL 33634 C ccupation ealth care ggregate Year-to-Date ▼ 442.29	Date of Receipt 11 07 2014 Transaction ID: SA11AI.15365 Amount of Each Receipt this Period 19.23
SUBTOTAL of Receipts This Page (optional)	·····	76.92
TOTAL This Period (last page this line number only	·)	

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Jacqueline M. Jones Date of Receipt Mailing Address 8735 Henderson Road 2014 21 City State Zip Code Transaction ID: SA11AI.15567 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 461.52 Other (specify) Full Name (Last, First, Middle Initial) B. Laura A. Jones Date of Receipt Mailing Address 8735 Henderson Road 10 24 2014 City State Zip Code Transaction ID: SA11AI.15258 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 846.12 Other (specify) Full Name (Last, First, Middle Initial) c. Laura A. Jones Date of Receipt Mailing Address 8735 Henderson Road 11 07 2014 City State Zip Code Transaction ID: SA11AI.15460 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 884.58 Other (specify) 96.15 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Laura A. Jones Date of Receipt Mailing Address 8735 Henderson Road 2014 21 City State Zip Code Transaction ID: SA11AI.15661 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 923.04 Other (specify) Full Name (Last, First, Middle Initial) B. Stephen Jones Date of Receipt Mailing Address 8735 Henderson Road 10 24 2014 City State Zip Code Transaction ID: SA11AI.15290 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 2115.30 Other (specify) Full Name (Last, First, Middle Initial) c. Paul Kensicki Date of Receipt Mailing Address 8735 Henderson Road 10 24 2014 City State Zip Code Transaction ID: SA11AI.15291 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 С federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 2115.30 Other (specify) 230.76 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Paul Kensicki Date of Receipt Mailing Address 8735 Henderson Road 07 2014 City State Zip Code Transaction ID: SA11AI.15494 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 2211.45 Other (specify) Full Name (Last, First, Middle Initial) B. Paul Kensicki Date of Receipt Mailing Address 8735 Henderson Road 11 21 2014 City State Zip Code Transaction ID: SA11AI.15698 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 2307.60 Other (specify) Full Name (Last, First, Middle Initial) c. Janet H. Kimbrough Date of Receipt Mailing Address 8735 Henderson Road 10 24 2014 City State Zip Code Transaction ID: SA11AI.15162 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 307.68 Other (specify) 211.53 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Janet H. Kimbrough Date of Receipt Mailing Address 8735 Henderson Road 07 2014 11 City State Zip Code Transaction ID: SA11AI.15366 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 326.91 Other (specify) Full Name (Last, First, Middle Initial) B. Janet H. Kimbrough Date of Receipt Mailing Address 8735 Henderson Road 11 21 2014 City State Zip Code Transaction ID: SA11AI.15568 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 346.14 Other (specify) Full Name (Last, First, Middle Initial) c. Thomas M. Kincaid Date of Receipt Mailing Address 8735 Henderson Road 10 24 2014 City State Zip Code Transaction ID: SA11AI.15223 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 20.83 С federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 458.26 Other (specify) 59.29 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Thomas M. Kincaid Date of Receipt Mailing Address 8735 Henderson Road 07 2014 City State Zip Code Transaction ID: SA11AI.15427 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 20.83 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 479.09 Other (specify) Full Name (Last, First, Middle Initial) B. Thomas M. Kincaid Date of Receipt Mailing Address 8735 Henderson Road 11 21 2014 City State Zip Code Transaction ID: SA11AI.15629 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 20.83 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 499.92 Other (specify) Full Name (Last, First, Middle Initial) c. Sharon L. King Date of Receipt Mailing Address 8735 Henderson Road 10 24 2014 City State Zip Code Transaction ID: SA11AI.15163 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 423.06 Other (specify) 60.89 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Sharon L. King Date of Receipt Mailing Address 8735 Henderson Road 07 2014 City State Zip Code Transaction ID: SA11AI.15367 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 442.29 Other (specify) Full Name (Last, First, Middle Initial) B. Sharon L. King Date of Receipt Mailing Address 8735 Henderson Road 11 21 2014 City State Zip Code Transaction ID: SA11AI.15569 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 461.52 Other (specify) Full Name (Last, First, Middle Initial) c. Nancy A. Kirby Date of Receipt Mailing Address 8735 Henderson Road 10 24 2014 City State Zip Code Transaction ID: SA11AI.15164 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 423.06 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) John J. Kirchner Date of Receipt Mailing Address 8735 Henderson Road 07 2014 City State Zip Code Transaction ID: SA11AI.15495 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 2211.45 Other (specify) Full Name (Last, First, Middle Initial) B. John J. Kirchner Date of Receipt Mailing Address 8735 Henderson Road 11 21 2014 City State Zip Code Transaction ID: SA11AI.15699 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 2307.60 Other (specify) Full Name (Last, First, Middle Initial) c. Stephan Korda Date of Receipt Mailing Address 8735 Henderson Road 10 24 2014 City State Zip Code Transaction ID: SA11AI.15165 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 423.06 Other (specify) 211.53 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Stephan Korda Date of Receipt Mailing Address 8735 Henderson Road 07 2014 City State Zip Code Transaction ID: SA11AI.15369 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 442.29 Other (specify) Full Name (Last, First, Middle Initial) B. Stephan Korda Date of Receipt Mailing Address 8735 Henderson Road 11 21 2014 City State Zip Code Transaction ID: SA11AI.15571 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 461.52 Other (specify) Full Name (Last, First, Middle Initial) c. Roman T. Kulich Date of Receipt Mailing Address 8735 Henderson Road 10 24 2014 City State Zip Code Transaction ID: SA11AI.15293 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 С federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 2115.30 Other (specify) 134.61 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Roman T. Kulich Date of Receipt Mailing Address 8735 Henderson Road 07 2014 City State Zip Code Transaction ID: SA11AI.15496 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 2211.45 Other (specify) Full Name (Last, First, Middle Initial) B. Roman T. Kulich Date of Receipt Mailing Address 8735 Henderson Road 21 11 2014 City State Zip Code Transaction ID: SA11AI.15700 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 2307.60 Other (specify) Full Name (Last, First, Middle Initial) **c.** Jeffry P. Lannigan Date of Receipt Mailing Address 8735 Henderson Road 10 24 2014 Zip Code City State Transaction ID: SA11AI.15294 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care

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2115.30

Aggregate Year-to-Date ▼

Receipt For:

Primary

Other (specify)

General

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Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Miriam M. Lederer Date of Receipt Mailing Address 8735 Henderson Road 07 2014 City State Zip Code Transaction ID: SA11AI.15371 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 326.91 Other (specify) Full Name (Last, First, Middle Initial) B. Miriam M. Lederer Date of Receipt Mailing Address 8735 Henderson Road 11 21 2014 City State Zip Code Transaction ID: SA11AI.15573 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 346.14 Other (specify) Full Name (Last, First, Middle Initial) c. Letty M. Lian-Segawa Date of Receipt Mailing Address 8735 Henderson Road 10 24 2014 City State Zip Code Transaction ID: SA11AI.15168 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 423.06 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
Any information copied from such Reports and Sta or for commercial purposes, other than using the	atements may not be sold or used by any pe name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC	(WellCare PAC)	
Full Name (Last, First, Middle Initial) Letty M. Lian-Segawa Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer Wellcare Health Plans, Inc. Receipt For: Primary Other (specify) Tampa General	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 442.29	Date of Receipt 11 07 2014 Transaction ID: SA11AI.15372 Amount of Each Receipt this Period 19.23
Full Name (Last, First, Middle Initial) Letty M. Lian-Segawa Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer Wellcare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 461.52	Date of Receipt 11 21 2014 Transaction ID: SA11AI.15574 Amount of Each Receipt this Period 19.23
Full Name (Last, First, Middle Initial) Robert S. London Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 307.68	Date of Receipt 10 24 2014 Transaction ID: SA11AI.15169 Amount of Each Receipt this Period 19.23
SUBTOTAL of Receipts This Page (optional)	>	57.69
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NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc.	PAC (WellCare PAC)	
Full Name (Last, First, Middle Initial) Robert S. London		Date of Receipt
Mailing Address 8735 Henderson Road		11 07 2014
City	State Zip Code	Transaction ID : SA11AI.15373
Tampa	FL 33634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	19.23
Name of Employer	Occupation	_
WellCare Health Plans, Inc.	health care	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	326.91	
Full Name (Last, First, Middle Initial) Robert S. London		Date of Receipt
Mailing Address 8735 Henderson Road		11 21 2014
City	State Zip Code	Transaction ID : SA11AI.15575
Tampa	FL 33634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	19.23
Name of Employer WellCare Health Plans, Inc.	Occupation health care	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	346.14	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 8735 Henderson Road		10 242014
City	State Zip Code	Transaction ID : SA11AI.15170
Tampa	FL 33634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	19.23
Name of Employer	Occupation	_
Wellcare Health Plans, Inc.	health care	
Receipt For:		-
Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	423.06	
SUBTOTAL of Receipts This Page (optio	nal)	57.69
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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Luke C. Lovgren Date of Receipt Mailing Address 8735 Henderson Road 07 2014 City State Zip Code Transaction ID: SA11AI.15374 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 442.29 Other (specify) Full Name (Last, First, Middle Initial) B. Luke C. Lovgren Date of Receipt Mailing Address 8735 Henderson Road 11 21 2014 City State Zip Code Transaction ID: SA11AI.15576 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 461.52 Other (specify) Full Name (Last, First, Middle Initial) c. Pam A. Lyons-Taylor Date of Receipt Mailing Address 8735 Henderson Road 10 24 2014 City State Zip Code Transaction ID: SA11AI.15295 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 С federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 2115.30 Other (specify) 134.61 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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	nd Statements may not be sold or used by any pers the name and address of any political committee t	
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. F	PAC (WellCare PAC)	
Full Name (Last, First, Middle Initial) Pam A. Lyons-Taylor Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer Wellcare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 2211.45	Date of Receipt 11 07 2014 Transaction ID: SA11AI.15498 Amount of Each Receipt this Period 96.15
Full Name (Last, First, Middle Initial) Pam A. Lyons-Taylor Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer Wellcare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 2307.60	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Brock R. Manz Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 423.06	Date of Receipt 10 24 2014 Transaction ID: SA11AI.15171 Amount of Each Receipt this Period 19.23
SUBTOTAL of Receipts This Page (optional)	211.53
TOTAL This Period (last page this line num	ber only)	

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Brock R. Manz Date of Receipt Mailing Address 8735 Henderson Road 07 2014 City State Zip Code Transaction ID: SA11AI.15375 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 442.29 Other (specify) Full Name (Last, First, Middle Initial) B. Brock R. Manz Date of Receipt Mailing Address 8735 Henderson Road 11 21 2014 City State Zip Code Transaction ID: SA11AI.15577 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 461.52 Other (specify) Full Name (Last, First, Middle Initial) c. Angela Marks Date of Receipt Mailing Address 8735 Henderson Road 10 24 2014 City State Zip Code Transaction ID: SA11AI.15172 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 288.45 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the Detailed Summary Page	X	11a		11b		11c		12	
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423.06

Other (specify)

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for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Joanna M. Maslanka Date of Receipt Mailing Address 8735 Henderson Road 07 2014 City State Zip Code Transaction ID: SA11AI.15377 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 442.29 Other (specify) Full Name (Last, First, Middle Initial) B. Joanna M. Maslanka Date of Receipt Mailing Address 8735 Henderson Road 11 21 2014 City State Zip Code Transaction ID: SA11AI.15579 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 461.52 Other (specify) Full Name (Last, First, Middle Initial) c. Carole A. Matyas Date of Receipt Mailing Address 8735 Henderson Road 10 24 2014 City State Zip Code Transaction ID: SA11AI.15296 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 С federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 2115.30 Other (specify) 134.61 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (W	/ellCare PAC)	
Tampa F FEC ID number of contributing federal political committee. Name of Employer Occ Wellcare Health Plans, Inc. heal		Date of Receipt 11 07 2014 Transaction ID: SA11AI.15499 Amount of Each Receipt this Period 96.15
Tampa FIC ID number of contributing federal political committee. Name of Employer Wellcare Health Plans, Inc. Page int Form		Date of Receipt 11 21 2014 Transaction ID: SA11AI.15703 Amount of Each Receipt this Period 96.15
Tampa F FEC ID number of contributing federal political committee. Name of Employer Occ WellCare heal	tate Zip Code FL 33634 Suppation Ith care gregate Year-to-Date ▼ 423.06	Date of Receipt 10 24 2014 Transaction ID: SA11AI.15174 Amount of Each Receipt this Period 19.23
SUBTOTAL of Receipts This Page (optional)	>	211.53

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Faustino Mayo Date of Receipt Mailing Address 8735 Henderson Road 07 2014 City State Zip Code Transaction ID: SA11AI.15378 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 442.29 Other (specify) Full Name (Last, First, Middle Initial) B. Faustino Mayo Date of Receipt Mailing Address 8735 Henderson Road 11 21 2014 City State Zip Code Transaction ID: SA11AI.15580 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 461.52 Other (specify) Full Name (Last, First, Middle Initial) c. Ray McComb Date of Receipt Mailing Address 8735 Henderson Road 10 24 2014 City State Zip Code Transaction ID: SA11AI.15259 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 615.36 Other (specify) 76.92 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Ray McComb Date of Receipt Mailing Address 8735 Henderson Road 07 2014 City State Zip Code Transaction ID: SA11AI.15461 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 653.82 Other (specify) Full Name (Last, First, Middle Initial) B. Ray McComb Date of Receipt Mailing Address 8735 Henderson Road 11 21 2014 City State Zip Code Transaction ID: SA11AI.15662 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 692.28 Other (specify) Full Name (Last, First, Middle Initial) c. Leslie D. McKenzie Date of Receipt Mailing Address 8735 Henderson Road 10 24 2014 City State Zip Code Transaction ID: SA11AI.15224 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 20.83 С federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 458.26 Other (specify) 97.75 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Leslie D. McKenzie Date of Receipt Mailing Address 8735 Henderson Road 07 2014 11 City State Zip Code Transaction ID: SA11AI.15428 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 20.83 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 479.09 Other (specify) Full Name (Last, First, Middle Initial) B. Leslie D. McKenzie Date of Receipt Mailing Address 8735 Henderson Road 11 21 2014 City State Zip Code Transaction ID: SA11AI.15630 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 20.83 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 499.92 Other (specify) Full Name (Last, First, Middle Initial) c. Sarah Helene McKinnie Date of Receipt Mailing Address 8735 Henderson Road 10 24 2014 City State Zip Code Transaction ID: SA11AI.15175 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation Wellcare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 423.06 Other (specify) 60.89 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Sarah Helene McKinnie Date of Receipt Mailing Address 8735 Henderson Road 07 2014 City State Zip Code Transaction ID: SA11AI.15379 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation Wellcare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 442.29 Other (specify) Full Name (Last, First, Middle Initial) B. Sarah Helene McKinnie Date of Receipt Mailing Address 8735 Henderson Road 11 21 2014 City State Zip Code Transaction ID: SA11AI.15581 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation Wellcare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 461.52 Other (specify) Full Name (Last, First, Middle Initial) c. Elizabeth M. Miller Date of Receipt Mailing Address 8735 Henderson Road 10 24 2014 City State Zip Code Transaction ID: SA11AI.15176 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 423.06 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 114 OF 198 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Elizabeth M. Miller Date of Receipt Mailing Address 8735 Henderson Road 07 2014 City State Zip Code Transaction ID: SA11AI.15380 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 442.29 Other (specify) Full Name (Last, First, Middle Initial) B. Elizabeth M. Miller Date of Receipt Mailing Address 8735 Henderson Road 11 21 2014 City State Zip Code Transaction ID: SA11AI.15582 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 461.52 Other (specify) Full Name (Last, First, Middle Initial) c. Eufemia E. Mitchell Date of Receipt Mailing Address 8735 Henderson Road 10 24 2014 City State Zip Code Transaction ID: SA11AI.15177 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 423.06 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 115 OF 198 Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Eufemia E. Mitchell Date of Receipt Mailing Address 8735 Henderson Road 07 2014 City State Zip Code Transaction ID: SA11AI.15381 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 442.29 Other (specify) Full Name (Last, First, Middle Initial) B. Eufemia E. Mitchell Date of Receipt Mailing Address 8735 Henderson Road 11 21 2014 City State Zip Code Transaction ID: SA11AI.15583 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 461.52 Other (specify) Full Name (Last, First, Middle Initial) c. Wendy A. Morriarty Date of Receipt Mailing Address 8735 Henderson Road 10 24 2014 City State Zip Code Transaction ID: SA11AI.15297 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 2115.30 Other (specify) 134.61 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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	Detailed Summary Page	X 11a
Any information copied from such Reports and Statements ma or for commercial purposes, other than using the name and a		erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCa	are PAC)	
Full Name (Last, First, Middle Initial) Wendy A. Morriarty Mailing Address 8735 Henderson Road City State Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	Zip Code 33634 Year-to-Date ▼	Date of Receipt 11 07 2014 Transaction ID: SA11AI.15500 Amount of Each Receipt this Period 96.15
Full Name (Last, First, Middle Initial) Wendy A. Morriarty Mailing Address 8735 Henderson Road City State Tampa FL FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify) Aggregate	Zip Code 33634 Year-to-Date ▼	Date of Receipt 11 21 2014 Transaction ID : SA11AI.15704 Amount of Each Receipt this Period 96.15
Full Name (Last, First, Middle Initial) Timothy M. Mullen Mailing Address 8735 Henderson Road City State Tampa FL FEC ID number of contributing federal political committee. Name of Employer Wellcare Health Plans, Inc. Receipt For: Primary General Other (specify) General		Date of Receipt 10 24 2014 Transaction ID: SA11AI.15178 Amount of Each Receipt this Period 19.23
SUBTOTAL of Receipts This Page (optional)		211.53

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Timothy M. Mullen Date of Receipt Mailing Address 8735 Henderson Road 07 2014 City State Zip Code Transaction ID: SA11AI.15382 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 442.29 Other (specify) Full Name (Last, First, Middle Initial) B. Timothy M. Mullen Date of Receipt Mailing Address 8735 Henderson Road 11 21 2014 City State Zip Code Transaction ID: SA11AI.15584 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 461.52 Other (specify) Full Name (Last, First, Middle Initial) c. Kathleen Mulqueen Date of Receipt Mailing Address 8735 Henderson Road 10 24 2014 City State Zip Code Transaction ID: SA11AI.15179 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 423.06 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	FOR LINE NUMBER:	PAGE	118 OF	198					
Use separate schedule(s) for each category of the	(check only one)								
Detailed Summary Page	X 11a 11b	11c	12						
., .,	13 14	15	16	17					

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Kathleen Mulqueen Date of Receipt Mailing Address 8735 Henderson Road 07 2014 11 City State Zip Code Transaction ID: SA11AI.15383 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 442.29 Other (specify) Full Name (Last, First, Middle Initial) B. Kathleen Mulqueen Date of Receipt Mailing Address 8735 Henderson Road 11 21 2014 City State Zip Code Transaction ID: SA11AI.15585 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 461.52 Other (specify) Full Name (Last, First, Middle Initial) c. Kelly A. Munson Date of Receipt Mailing Address 8735 Henderson Road 10 24 2014 Zip Code City State Transaction ID: SA11AI.15180 FL Tampa 33634 Amount of Each Receipt this Period

	, , , , , , , , , , , , , , , , , , , ,								
SUBTOTAL of Receipts This Page (optional)			7	Ī		5	7.69		
TOTAL This Period (last page this line number of	only)							-	٦
TOTAL This Period (last page this line number o	only)		-	7	-	 _		W	

423.06

C

Occupation

health care

Aggregate Year-to-Date ▼

19.23

FEC ID number of contributing

federal political committee.

Wellcare Health Plans, Inc.

Other (specify)

General

Name of Employer

Primary

Receipt For:

SCHEDULE A (FEC Form 3X)

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TEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one)
Any information copied from such Reports and State or for commercial purposes, other than using the	atements may not be sold or used by any pename and address of any political committee	erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC	(WellCare PAC)	
Full Name (Last, First, Middle Initial) Kelly A. Munson Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer Wellcare Health Plans, Inc. Receipt For: Primary Other (specify) Table 10 A	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 442.29	Date of Receipt 11 07 2014 Transaction ID: SA11AI.15384 Amount of Each Receipt this Period 19.23
Full Name (Last, First, Middle Initial) Kelly A. Munson Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer Wellcare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 461.52	Date of Receipt 11 21 2014 Transaction ID: SA11AI.15586 Amount of Each Receipt this Period 19.23
Full Name (Last, First, Middle Initial) Sharon Nisbet Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 2115.30	Date of Receipt 10 24 2014 Transaction ID : SA11AI.15298 Amount of Each Receipt this Period 96.15
SUBTOTAL of Receipts This Page (optional)		134.61
TOTAL This Period (last page this line number o	nly)	

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Sharon Nisbet Date of Receipt Mailing Address 8735 Henderson Road 07 2014 City State Zip Code Transaction ID: SA11AI.15501 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 2211.45 Other (specify) Full Name (Last, First, Middle Initial) B. Sharon Nisbet Date of Receipt Mailing Address 8735 Henderson Road 11 21 2014 City State Zip Code Transaction ID: SA11AI.15705 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 2307.60 Other (specify) Full Name (Last, First, Middle Initial) c. Diane C. Norcross Date of Receipt Mailing Address 8735 Henderson Road 10 24 2014 City State Zip Code Transaction ID: SA11AI.15119 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 9.61 С federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 211.42 201.91 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 121 OF 198 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Diane C. Norcross Date of Receipt Mailing Address 8735 Henderson Road 07 2014 City State Zip Code Transaction ID: SA11AI.15324 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 9.61 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 221.03 Other (specify) Full Name (Last, First, Middle Initial) B. Diane C. Norcross Date of Receipt Mailing Address 8735 Henderson Road 11 21 2014 City State Zip Code Transaction ID: SA11AI.15526 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 9.61 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 230.64 Other (specify) Full Name (Last, First, Middle Initial) c. Michael J. Orlosky Date of Receipt Mailing Address 8735 Henderson Road 10 24 2014 City State Zip Code Transaction ID: SA11AI.15260 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 846.12 Other (specify) 57.68 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)

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TEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) X 11a
Any information copied from such Reports and Statement or for commercial purposes, other than using the name a		erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (We	llCare PAC)	
Full Name (Last, First, Middle Initial) Michael J. Orlosky Mailing Address 8735 Henderson Road City State Tampa FL FEC ID number of contributing federal political committee. Name of Employer WellCare Receipt For: Primary General Other (specify) Orlosky Mailing Address 8735 Henderson Road City State FL C Aggre Aggre	33634 Dation	Date of Receipt 11 07 2014 Transaction ID: SA11AI.15462 Amount of Each Receipt this Period 38.46
Full Name (Last, First, Middle Initial) Michael J. Orlosky Mailing Address 8735 Henderson Road City State Tampa FL FEC ID number of contributing federal political committee. Name of Employer WellCare Description Receipt For: Primary General Other (specify) Occup	33634 Dation	Date of Receipt 11 21 2014 Transaction ID: SA11AI.15663 Amount of Each Receipt this Period 38.46
Full Name (Last, First, Middle Initial) Carole Ouimet Mailing Address 8735 Henderson Road City State Tampa FL FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify) General	33634 Dation	Date of Receipt 10 24 2014 Transaction ID: SA11AI.15181 Amount of Each Receipt this Period 19.23
SUBTOTAL of Receipts This Page (optional)		96.15

	FOF	PAGE		198							
Use separate schedule(s)	(che	(check only one)									
for each category of the Detailed Summary Page	X	11a		11b		11c		12			
		13		14		15		16		17	

Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any persone name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PA	AC (WellCare PAC)	
Full Name (Last, First, Middle Initial) Carole Ouimet Mailing Address 8735 Henderson Road		Date of Receipt
waining Address 8/35 Henderson Road		11 07 2014
City	State Zip Code	Transaction ID : SA11AI.15385
Tampa	FL 33634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	19.23
Name of Employer	Occupation	
WellCare Health Plans, Inc.	health care	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	365.37	
Full Name (Last, First, Middle Initial) Carole Ouimet		Date of Receipt
Mailing Address 8735 Henderson Road		11 21 _2014 _
City	State Zip Code	Transaction ID : SA11AI.15587
Татра	FL 33634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	19.23
Name of Employer	Occupation	
WellCare Health Plans, Inc.	health care	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	384.60	
Full Name (Last, First, Middle Initial) C. Nino A. Palermo	1	Date of Receipt
Mailing Address 8735 Henderson Road		10 24 2014
City Tampa	State Zip Code FL 33634	Transaction ID : SA11AI.15182
<u></u>		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	19.23
Name of Employer	Occupation	
WellCare Health Plans, Inc.	health care	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	288.45	
SUBTOTAL of Receipts This Page (optional)		57.69
TOTAL This Period (last page this line number	er only)	

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Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Amelia Pantelis Date of Receipt Mailing Address 8735 Henderson Road 07 2014 City State Zip Code Transaction ID: SA11AI.15325 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 9.61 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 221.03 Other (specify) Full Name (Last, First, Middle Initial) B. Amelia Pantelis Date of Receipt Mailing Address 8735 Henderson Road 11 21 2014 City State Zip Code Transaction ID: SA11AI.15527 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 9.61 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 230.64 Other (specify) Full Name (Last, First, Middle Initial) c. Christopher T. Parrillo Date of Receipt Mailing Address 8735 Henderson Road 10 24 2014 City State Zip Code Transaction ID: SA11AI.15299 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 С federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 2115.30 Other (specify) 115.37 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page	X 11a	11b	11c	12	
	13	14	15	16	Γ

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Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any persone name and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PA	AC (WellCare PAC)	
Full Name (Last, First, Middle Initial) Christopher T. Parrillo Mailing Address 8735 Henderson Road		Date of Receipt
		11 07 2014
City	State Zip Code FL 33634	Transaction ID : SA11AI.15502
Tampa	TL 33034	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	96.15
Name of Employer	Occupation	
Wellcare Health Plans, Inc.	health care	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2211.45	
Full Name (Last, First, Middle Initial) Christopher T. Parrillo		Date of Receipt
Mailing Address 8735 Henderson Road		11 21 2014
City Tampa	State Zip Code FL 33634	Transaction ID : SA11AI.15706
FEC ID number of contributing federal political committee.	C 33034	Amount of Each Receipt this Period 96.15
Name of Employer Wellcare Health Plans, Inc.	Occupation health care	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2307.60	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 8735 Henderson Road		10 24 2014
City Tampa	State Zip Code FL 33634	Transaction ID : SA11AI.15183 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	19.23
Name of Employer	Occupation	
WellCare Health Plans, Inc.	health care	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	288.45	
SUBTOTAL of Receipts This Page (optional)	>	211.53
TOTAL This Period (last page this line number	er only)	

FOR LINE NUMBER: PAGE 127 OF 198 Use separate schedule(s) (check only one) X 11a 11b 12 11c 14 13 15 16

for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Mark H. Pfost Date of Receipt Mailing Address 8735 Henderson Road 07 2014 City State Zip Code Transaction ID: SA11AI.15387 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 307.68 Other (specify) Full Name (Last, First, Middle Initial) B. Mark H. Pfost Date of Receipt Mailing Address 8735 Henderson Road 11 21 2014 City State Zip Code Transaction ID: SA11AI.15589 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 326.91 Other (specify) Full Name (Last, First, Middle Initial) c. Michael R. Polen Date of Receipt Mailing Address 8735 Henderson Road 10 24 2014 City State Zip Code Transaction ID: SA11AI.15309 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 192.30 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 4230.60 Other (specify) 230.76 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Michael R. Polen Date of Receipt Mailing Address 8735 Henderson Road 07 2014 City State Zip Code Transaction ID: SA11AI.15512 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 192.30 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 4422.90 Other (specify) Full Name (Last, First, Middle Initial) B. Michael R. Polen Date of Receipt Mailing Address 8735 Henderson Road 11 21 2014 City State Zip Code Transaction ID: SA11AI.15716 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 192.30 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 4615.20 Other (specify) Full Name (Last, First, Middle Initial) c. William A. Prince Date of Receipt Mailing Address 8735 Henderson Road 10 24 2014 City State Zip Code Transaction ID: SA11AI.15184 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 423.06 Other (specify) 403.83 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

- 9

FOR LINE NUMBER: PAGE 129 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) William A. Prince Date of Receipt Mailing Address 8735 Henderson Road 07 2014 City State Zip Code Transaction ID: SA11AI.15388 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 442.29 Other (specify) Full Name (Last, First, Middle Initial) B. William A. Prince Date of Receipt Mailing Address 8735 Henderson Road 11 21 2014 City State Zip Code Transaction ID: SA11AI.15590 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 461.52 Other (specify) Full Name (Last, First, Middle Initial) c. Jeffrey S. Ray Date of Receipt Mailing Address 8735 Henderson Road 10 24 2014 City State Zip Code Transaction ID: SA11AI.15275 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 41.66 С federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 916.52 Other (specify) 80.12 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Jeffrey S. Ray Date of Receipt Mailing Address 8735 Henderson Road 07 2014 City State Zip Code Transaction ID: SA11AI.15477 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 41.66 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 958.18 Other (specify) Full Name (Last, First, Middle Initial) **B.** Jeffrey S. Ray Date of Receipt Mailing Address 8735 Henderson Road 11 21 2014 City State Zip Code Transaction ID: SA11AI.15678 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 41.66 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 999.84 Other (specify) Full Name (Last, First, Middle Initial) c. Anne E. Read Date of Receipt Mailing Address 8735 Henderson Road 10 24 2014 City State Zip Code Transaction ID: SA11AI.15185 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 423.06 Other (specify) 102.55 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 131 OF 198 Use separate schedule(s) (check only one) X 11a 11b 12 11c 14 13 15 16

for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Anne E. Read Date of Receipt Mailing Address 8735 Henderson Road 07 2014 City State Zip Code Transaction ID: SA11AI.15389 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 442.29 Other (specify) Full Name (Last, First, Middle Initial) B. Anne E. Read Date of Receipt Mailing Address 8735 Henderson Road 11 21 2014 City State Zip Code Transaction ID: SA11AI.15591 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 461.52 Other (specify) Full Name (Last, First, Middle Initial) c. Karen L. Reine Date of Receipt Mailing Address 8735 Henderson Road 10 24 2014 City State Zip Code Transaction ID: SA11AI.15261 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 653.82 Other (specify) 76.92 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 132 OF 198 Use separate schedule(s) (check only one) X 11a 11b 11c 12

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Karen L. Reine Date of Receipt Mailing Address 8735 Henderson Road 07 2014 City State Zip Code Transaction ID: SA11AI.15463 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 692.28 Other (specify) Full Name (Last, First, Middle Initial) B. Karen L. Reine Date of Receipt Mailing Address 8735 Henderson Road 11 21 2014 City State Zip Code Transaction ID: SA11AI.15664 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 730.74 Other (specify) Full Name (Last, First, Middle Initial) c. David T. Reynolds Date of Receipt Mailing Address 8735 Henderson Road 10 24 2014 City State Zip Code Transaction ID: SA11AI.15186 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 423.06 Other (specify) 96.15 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 133 OF 198

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
Any information copied from such Reports and St or for commercial purposes, other than using the	atements may not be sold or used by any pe name and address of any political committee	rson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC	(WellCare PAC)	
Full Name (Last, First, Middle Initial) David T. Reynolds Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer Wellcare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼	Date of Receipt 11 07 2014 Transaction ID: SA11AI.15390 Amount of Each Receipt this Period 19.23
Full Name (Last, First, Middle Initial) David T. Reynolds Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer Wellcare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 461.52	Date of Receipt 11 21 2014 Transaction ID : SA11Al.15592 Amount of Each Receipt this Period 19.23
Full Name (Last, First, Middle Initial) Wendy J. Reynolds Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 423.06	Date of Receipt 10 24 2014 Transaction ID: SA11AI.15187 Amount of Each Receipt this Period 19.23
SUBTOTAL of Receipts This Page (optional)		57.69
TOTAL This Period (last page this line number of	only)	

FOR LINE NUMBER: PAGE 134 OF Use separate schedule(s) (check only one) X 11a 11b 11c 12

198 for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Wendy J. Reynolds Date of Receipt Mailing Address 8735 Henderson Road 07 2014 City State Zip Code Transaction ID: SA11AI.15391 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 442.29 Other (specify) Full Name (Last, First, Middle Initial) **B.** Wendy J. Reynolds Date of Receipt Mailing Address 8735 Henderson Road 11 21 2014 City State Zip Code Transaction ID: SA11AI.15593 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 461.52 Other (specify) Full Name (Last, First, Middle Initial) c. Michael L. Ridenour Date of Receipt Mailing Address 8735 Henderson Road 10 24 2014 City State Zip Code Transaction ID: SA11AI.15262 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 846.12 Other (specify) 76.92 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 135 OF Use separate schedule(s) (check only one) X 11a 11b 11c 12

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Michael L. Ridenour Date of Receipt Mailing Address 8735 Henderson Road 07 2014 City State Zip Code Transaction ID: SA11AI.15464 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 884.58 Other (specify) Full Name (Last, First, Middle Initial) B. Michael L. Ridenour Date of Receipt Mailing Address 8735 Henderson Road 11 21 2014 City State Zip Code Transaction ID: SA11AI.15665 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 923.04 Other (specify) Full Name (Last, First, Middle Initial) c. James Rodgers Date of Receipt Mailing Address 8735 Henderson Road 10 24 2014 City State Zip Code Transaction ID: SA11AI.15263 FL Tampa 33636 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation Wellcare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 846.12 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 136 OF 198 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c

Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) James Rodgers Date of Receipt Mailing Address 8735 Henderson Road 07 2014 City State Zip Code Transaction ID: SA11AI.15465 FL Tampa 33636 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation Wellcare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 884.58 Other (specify) Full Name (Last, First, Middle Initial) B. James Rodgers Date of Receipt Mailing Address 8735 Henderson Road 11 21 2014 City State Zip Code Transaction ID: SA11AI.15666 FL Tampa 33636 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation Wellcare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 923.04 Other (specify) Full Name (Last, First, Middle Initial) c. Remedios Rodriguez Date of Receipt Mailing Address 8735 Henderson Road 10 24 2014 City State Zip Code Transaction ID: SA11AI.15188 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 423.06 Other (specify) 96.15 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	FOR LINE NUMBER: PAGE 137 OF									19
Use separate schedule(s)	(check only one)									
for each category of the Detailed Summary Page	×	11a		11b		11c		12		
		13		14		15		16		17

		1.0
	nd Statements may not be sold or used by any pers the name and address of any political committee t	
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. P	PAC (WellCare PAC)	
Full Name (Last, First, Middle Initial) Remedios Rodriguez Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer Wellcare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 442.29	Date of Receipt 1.1 07 2014 Transaction ID: SA11AI.15392 Amount of Each Receipt this Period 19.23
Full Name (Last, First, Middle Initial) Remedios Rodriguez Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer Wellcare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 461.52	Date of Receipt 11 21 2014 Transaction ID: SA11AI.15594 Amount of Each Receipt this Period 19.23
Full Name (Last, First, Middle Initial) Lauralie M. Rubel Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 2115.30	Date of Receipt M
SUBTOTAL of Receipts This Page (optional)	134.61
TOTAL This Period (last page this line numl	ber only)	

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Lauralie M. Rubel Date of Receipt Mailing Address 8735 Henderson Road 07 2014 City State Zip Code Transaction ID: SA11AI.15503 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 2211.45 Other (specify) Full Name (Last, First, Middle Initial) B. Lauralie M. Rubel Date of Receipt Mailing Address 8735 Henderson Road 11 21 2014 City State Zip Code Transaction ID: SA11AI.15707 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 2307.60 Other (specify) Full Name (Last, First, Middle Initial) c. Rachael R. Rudd Date of Receipt Mailing Address 8735 Henderson Road 10 24 2014 City State Zip Code Transaction ID: SA11AI.15264 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 615.36 Other (specify) 230.76 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Rachael R. Rudd Date of Receipt Mailing Address 8735 Henderson Road 07 2014 City State Zip Code Transaction ID: SA11AI.15466 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 653.82 Other (specify) Full Name (Last, First, Middle Initial) B. Rachael R. Rudd Date of Receipt Mailing Address 8735 Henderson Road 11 21 2014 City State Zip Code Transaction ID: SA11AI.15667 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 692.28 Other (specify) Full Name (Last, First, Middle Initial) **c.** Christine Ruediger Date of Receipt Mailing Address 8735 Henderson Road 10 24 2014 City State Zip Code Transaction ID: SA11AI.15265 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 846.12 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 140 OF 198 Use separate schedule(s) (check only one) X 11a 11b 12 11c 14 13 15 16

for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Christine Ruediger Date of Receipt Mailing Address 8735 Henderson Road 07 2014 City State Zip Code Transaction ID: SA11AI.15467 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 884.58 Other (specify) Full Name (Last, First, Middle Initial) B. Christine Ruediger Date of Receipt Mailing Address 8735 Henderson Road 11 21 2014 City State Zip Code Transaction ID: SA11AI.15668 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 923.04 Other (specify) Full Name (Last, First, Middle Initial) c. Phyllis J. Ruska Date of Receipt Mailing Address 8735 Henderson Road 10 24 2014 City State Zip Code Transaction ID: SA11AI.15189 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 423.06 Other (specify) 96.15 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 141 OF 198

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
Any information copied from such Reports and St or for commercial purposes, other than using the	atements may not be sold or used by any pe name and address of any political committee	rson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC	(WellCare PAC)	
Full Name (Last, First, Middle Initial) Phyllis J. Ruska Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼	Date of Receipt 11 07 2014 Transaction ID: SA11AI.15393 Amount of Each Receipt this Period 19.23
Full Name (Last, First, Middle Initial) Phyllis J. Ruska Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 461.52	Date of Receipt 11 21 2014 Transaction ID: SA11AI.15595 Amount of Each Receipt this Period 19.23
Full Name (Last, First, Middle Initial) Patricia A. Russell Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 423.06	Date of Receipt 10 24 2014 Transaction ID: SA11AI.15190 Amount of Each Receipt this Period 19.23
SUBTOTAL of Receipts This Page (optional)	·····	57.69
TOTAL This Period (last page this line number of	only)	

	FOF	R LINE	NU	IMBER	:	PAGE	: 1	42 OF	=	198
Use separate schedule(s)	(che	(check only one)								
for each category of the Detailed Summary Page	×	11a		11b		11c		12		
		13		14		15		16		17

Any information copied from such Reports and or for commercial purposes, other than using	d Statements may not be sold or used by any pers the name and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. Pa	AC (WellCare PAC)	
Full Name (Last, First, Middle Initial) Patricia A. Russell Mailing Address 8735 Henderson Road		Date of Receipt
		11 07 2014
City	State Zip Code FL 33634	Transaction ID : SA11AI.15394
Tampa	1 L 33034	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	19.23
Name of Employer	Occupation	1
WellCare	health care	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	442.29	
Full Name (Last, First, Middle Initial) Patricia A. Russell		Date of Receipt
Mailing Address 8735 Henderson Road		11 21 2014
City	State Zip Code FL 33634	Transaction ID : SA11AI.15596
Tampa	FL 33634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	19.23
Name of Employer	Occupation	1
WellCare	health care	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	461.52	
Full Name (Last, First, Middle Initial) C. Abby Dritz Salzer	-	Date of Receipt
Mailing Address 8735 Henderson Road		10 24 2014
City Tampa	State Zip Code FL 33634	Transaction ID : SA11AI.15266 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	38.46
Name of Employer	Occupation	-
Wellcare Health Plans, Inc.	health care	
Receipt For:	Aggregate Year-to-Date ▼]
Primary General Other (specify) ▼	692.28	
SUBTOTAL of Receipts This Page (optional).	····	76.92
TOTAL This Period (last page this line numb	er only)	

FOR LINE NUMBER: PAGE 143 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Abby Dritz Salzer Date of Receipt Mailing Address 8735 Henderson Road 07 2014 City State Zip Code Transaction ID: SA11AI.15468 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 730.74 Other (specify) Full Name (Last, First, Middle Initial) B. Abby Dritz Salzer Date of Receipt Mailing Address 8735 Henderson Road 11 21 2014 City State Zip Code Transaction ID: SA11AI.15669 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 769.20 Other (specify) Full Name (Last, First, Middle Initial) **c.** Tracy M. Schmidt Date of Receipt Mailing Address 8735 Henderson Road 10 24 2014 City State Zip Code Transaction ID: SA11AI.15225 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 20.83 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 458.26 Other (specify) 97.75 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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TEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Stater or for commercial purposes, other than using the name		rson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (V	WellCare PAC)	
Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc.	State Zip Code FL 33634 C ccupation ealth care ggregate Year-to-Date ▼ 479.09	Date of Receipt 11 07 2014 Transaction ID: SA11AI.15429 Amount of Each Receipt this Period 20.83
Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc.	State Zip Code FL 33634 C ccupation alth care ggregate Year-to-Date ▼ 499.92	Date of Receipt 11 21 2014 Transaction ID: SA11AI.15631 Amount of Each Receipt this Period 20.83
Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc.	State Zip Code FL 33634 C	Date of Receipt 10 24 2014 Transaction ID: SA11AI.15191 Amount of Each Receipt this Period 19.23
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number only)		60.89

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Cynthia Scollins Date of Receipt Mailing Address 8735 Henderson Road 07 2014 City State Zip Code Transaction ID: SA11AI.15395 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 326.91 Other (specify) Full Name (Last, First, Middle Initial) **B.** Cynthia Scollins Date of Receipt Mailing Address 8735 Henderson Road 11 21 2014 City State Zip Code Transaction ID: SA11AI.15597 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 346.14 Other (specify) Full Name (Last, First, Middle Initial) **c.** George D. Shafer Date of Receipt Mailing Address 8735 Henderson Road 10 24 2014 City State Zip Code Transaction ID: SA11AI.15192 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 423.06 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) George D. Shafer Date of Receipt Mailing Address 8735 Henderson Road 07 2014 City State Zip Code Transaction ID: SA11AI.15396 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 442.29 Other (specify) Full Name (Last, First, Middle Initial) B. George D. Shafer Date of Receipt Mailing Address 8735 Henderson Road 11 21 2014 City State Zip Code Transaction ID: SA11AI.15598 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 461.52 Other (specify) Full Name (Last, First, Middle Initial) **c.** Elliott A. Shaw, Jr. Date of Receipt Mailing Address 8735 Henderson Road 10 24 2014 City State Zip Code Transaction ID: SA11AI.15278 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 50.00 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1100.00 Other (specify) 88.46 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Elliott A. Shaw, Jr. Date of Receipt Mailing Address 8735 Henderson Road 07 2014 City State Zip Code Transaction ID: SA11AI.15480 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1150.00 Other (specify) Full Name (Last, First, Middle Initial) B. Elliott A. Shaw, Jr. Date of Receipt Mailing Address 8735 Henderson Road 11 21 2014 City State Zip Code Transaction ID: SA11AI.15681 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1200.00 Other (specify) Full Name (Last, First, Middle Initial) c. Randall Simmons Date of Receipt Mailing Address 8735 Henderson Road 10 24 2014 City State Zip Code Transaction ID: SA11AI.15193 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 423.06 Other (specify) 119.23 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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ITEMIZED RECEIPTS Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Randall Simmons Date of Receipt Mailing Address 8735 Henderson Road 07 2014 City State Zip Code Transaction ID: SA11AI.15397 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 442.29 Other (specify) Full Name (Last, First, Middle Initial) B. Randall Simmons Date of Receipt Mailing Address 8735 Henderson Road 11 21 2014 City State Zip Code Transaction ID: SA11AI.15599 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 461.52 Other (specify) Full Name (Last, First, Middle Initial) **c.** Lawrence R. Smart Date of Receipt Mailing Address 8735 Henderson Road 10 24 2014 City State Zip Code Transaction ID: SA11AI.15194 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 423.06 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Use separate schedule(s)	(check only one)	
for each category of the Detailed Summary Page	X 11a 11b 11c 12	
.,g.	13 14 15 16	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Lawrence R. Smart Date of Receipt Mailing Address 8735 Henderson Road 07 2014 City State Zip Code Transaction ID: SA11AI.15398 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 442.29 Other (specify) Full Name (Last, First, Middle Initial) B. Lawrence R. Smart Date of Receipt Mailing Address 8735 Henderson Road 11 21 2014 City State Zip Code Transaction ID: SA11AI.15600 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care

Receipt For: Aggregate Year-to-Date ▼ Primary General 461.52 Other (specify) Full Name (Last, First, Middle Initial) c. Alan R. Smith Date of Receipt Mailing Address 8735 Henderson Road 10 24 2014 City State Zip Code Transaction ID: SA11AI.15301 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 2115.30 Other (specify)

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

134.61

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Alan R. Smith Date of Receipt Mailing Address 8735 Henderson Road 07 2014 City State Zip Code Transaction ID: SA11AI.15504 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 2211.45 Other (specify) Full Name (Last, First, Middle Initial) B. Alan R. Smith Date of Receipt Mailing Address 8735 Henderson Road 11 21 2014 City State Zip Code Transaction ID: SA11AI.15708 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 2307.60 Other (specify) Full Name (Last, First, Middle Initial) c. Philip G. Stalas Date of Receipt Mailing Address 8735 Henderson Road 10 24 2014 City State Zip Code Transaction ID: SA11AI.15195 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 423.06 Other (specify) 211.53 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 151 OF 198 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Philip G. Stalas Date of Receipt Mailing Address 8735 Henderson Road 07 2014 City State Zip Code Transaction ID: SA11AI.15399 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 442.29 Other (specify) Full Name (Last, First, Middle Initial) B. Philip G. Stalas Date of Receipt Mailing Address 8735 Henderson Road 11 21 2014 City State Zip Code Transaction ID: SA11AI.15601 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 461.52 Other (specify) Full Name (Last, First, Middle Initial) c. Carol H. Steckel Date of Receipt Mailing Address 8735 Henderson Road 10 24 2014 City State Zip Code Transaction ID: SA11AI.15267 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 692.28 Other (specify) 76.92 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 152 OF 198 Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12 Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Carol H. Steckel Date of Receipt Mailing Address 8735 Henderson Road 07 2014 City State Zip Code Transaction ID: SA11AI.15469 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 730.74 Other (specify) Full Name (Last, First, Middle Initial) B. Carol H. Steckel Date of Receipt Mailing Address 8735 Henderson Road 11 21 2014 City State Zip Code Transaction ID: SA11AI.15670 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 769.20 Other (specify) Full Name (Last, First, Middle Initial) c. Wesley K. Stiger Date of Receipt Mailing Address 8735 Henderson Road 10 24 2014 City State Zip Code Transaction ID: SA11AI.15196 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 423.06 Other (specify) 96.15 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	FOF	R LINE	NU	MBER	:	PAGE	= 1	53 OF	198
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for each category of the Detailed Summary Page	×	11a		11b		11c		12	
,		13		14		15		16	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Wesley K. Stiger Date of Receipt Mailing Address 8735 Henderson Road 07 2014 City State Zip Code Transaction ID: SA11AI.15400 33634 FL Tampa Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 442.29 Other (specify) Full Name (Last, First, Middle Initial) **B.** Wesley K. Stiger Date of Receipt Mailing Address 8735 Henderson Road 21 2014 11 City Zip Code State Transaction ID: SA11AI.15602 FL 33634 Tampa Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee.

Name of Employer Wellcare Health Plans, Inc. Receipt For: Primary General Other (specify) ▼	Occupation health care Aggregate Year-to-Date ▼ 461.52	
Full Name (Last, First, Middle Initial) C. Derek A. Stratman Mailing Address 8735 Henderson Road		Date of Receipt 10 24 2014
City	State Zip Code	Transaction ID : SA11AI.15268
Tampa	FL 33634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	38.46
Name of Employer	Occupation	-
WellCare	health care	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 846.12	
SUBTOTAL of Receipts This Page (optional)		76.92

TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Derek A. Stratman Date of Receipt Mailing Address 8735 Henderson Road 07 2014 City State Zip Code Transaction ID: SA11AI.15470 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 884.58 Other (specify) Full Name (Last, First, Middle Initial) B. Derek A. Stratman Date of Receipt Mailing Address 8735 Henderson Road 11 21 2014 City State Zip Code Transaction ID: SA11AI.15671 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 923.04 Other (specify) Full Name (Last, First, Middle Initial) c. Christopher P. Surrell Date of Receipt Mailing Address 8735 Henderson Road 10 24 2014 City State Zip Code Transaction ID: SA11AI.15302 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 С federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 2115.30 Other (specify) 173.07 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Christopher P. Surrell Date of Receipt Mailing Address 8735 Henderson Road 07 2014 City State Zip Code Transaction ID: SA11AI.15505 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 2211.45 Other (specify) Full Name (Last, First, Middle Initial) B. Christopher P. Surrell Date of Receipt Mailing Address 8735 Henderson Road 11 21 2014 City State Zip Code Transaction ID: SA11AI.15709 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 2307.60 Other (specify) Full Name (Last, First, Middle Initial) c. Paulette Sutton Date of Receipt Mailing Address 8735 Henderson Road 10 24 2014 City State Zip Code Transaction ID: SA11AI.15197 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 423.06 Other (specify) 211.53 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

	FOF	R LINE	NU	IMBER	:	PAGE	1	56 OF	=	19
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for each category of the Detailed Summary Page	×	11a		11b		11c		12		
		13		14		15		16		17

	Statements may not be sold or used by any pers name and address of any political committee to	
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PA	.C (WellCare PAC)	
Full Name (Last, First, Middle Initial) Paulette Sutton Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee.	State Zip Code FL 33634	Date of Receipt 11 07 2014 Transaction ID: SA11AI.15401 Amount of Each Receipt this Period
Name of Employer WellCare Receipt For: Primary General Other (specify) ▼	Occupation health care Aggregate Year-to-Date ▼ 442.29	
Full Name (Last, First, Middle Initial) Paulette Sutton Mailing Address 8735 Henderson Road City	State Zip Code	Date of Receipt 11 21 2014 Transaction ID: SA11AI.15603
Tampa FEC ID number of contributing federal political committee.	FL 33634	Amount of Each Receipt this Period
Name of Employer WellCare Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation health care Aggregate Year-to-Date ▼ 461.52	
Full Name (Last, First, Middle Initial) Shunae E. Thomas Mailing Address 8735 Henderson Road		Date of Receipt 10 24 2014
City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Receipt For: □ Primary □ General Other (specify) ▼	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 423.06	Transaction ID : SA11AI.15198 Amount of Each Receipt this Period 19.23
SUBTOTAL of Receipts This Page (optional)		57.69
TOTAL This Period (last page this line number	r only)	

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Shunae E. Thomas Date of Receipt Mailing Address 8735 Henderson Road 07 2014 City State Zip Code Transaction ID: SA11AI.15402 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 442.29 Other (specify) Full Name (Last, First, Middle Initial) B. Shunae E. Thomas Date of Receipt Mailing Address 8735 Henderson Road 11 21 2014 City State Zip Code Transaction ID: SA11AI.15604 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 461.52 Other (specify) Full Name (Last, First, Middle Initial) **c.** Cynthia Thompson Date of Receipt Mailing Address 8735 Henderson Road 10 24 2014 City State Zip Code Transaction ID: SA11AI.15269 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 576.90 Other (specify) 76.92 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
Any information copied from such Reports and State or for commercial purposes, other than using the na		
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC ((WellCare PAC)	
WellCare Health Plans, Inc. Receipt For: Primary General Other (specify) ▼	State Zip Code FL 33634 C Description health care Aggregate Year-to-Date ▼ 615.36	Date of Receipt 11 07 2014 Transaction ID: SA11AI.15471 Amount of Each Receipt this Period 38.46
WellCare Health Plans, Inc.	State Zip Code FL 33634 C Description The ealth care Aggregate Year-to-Date ▼ 653.82	Date of Receipt 11 21 2014 Transaction ID : SA11AI.15672 Amount of Each Receipt this Period 38.46
WellCare Health Plans, Inc.	State Zip Code FL 33634 C Description nealth care Aggregate Year-to-Date ▼ 3461.40	Date of Receipt 10 24 2014 Transaction ID: SA11AI.15310 Amount of Each Receipt this Period 192.30
SUBTOTAL of Receipts This Page (optional))	269.22
TOTAL This Period (last page this line number onl	y)	

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TEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) X 11a
	d Statements may not be sold or used by any petthe name and address of any political committee	erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. P.	AC (WellCare PAC)	
Full Name (Last, First, Middle Initial) Blair Todt Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee.	State Zip Code FL 33634	Date of Receipt 11 07 2014 Transaction ID: SA11AI.15513 Amount of Each Receipt this Period
Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify) ▼	Occupation health care Aggregate Year-to-Date ▼ 3653.70	
Full Name (Last, First, Middle Initial) 3. Blair Todt Mailing Address 8735 Henderson Road		Date of Receipt 11 21 2014
City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc.	State Zip Code FL 33634 C Occupation health care	Transaction ID : SA11AI.15717 Amount of Each Receipt this Period 192.30
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 3846.00	
Full Name (Last, First, Middle Initial) Mary Jane Toomey Mailing Address 8735 Henderson Road		Date of Receipt
City Tampa FEC ID number of contributing federal political committee. Name of Employer Wellcare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 253.66	Transaction ID : SA11AI.15121 Amount of Each Receipt this Period 11.53
SUBTOTAL of Receipts This Page (optional)	······	396.13
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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Mary Jane Toomey Date of Receipt Mailing Address 8735 Henderson Road 07 2014 City State Zip Code Transaction ID: SA11AI.15326 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 11.53 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 265.19 Other (specify) Full Name (Last, First, Middle Initial) B. Mary Jane Toomey Date of Receipt Mailing Address 8735 Henderson Road 11 21 2014 City State Zip Code Transaction ID: SA11AI.15528 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 11.53 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 276.72 Other (specify) Full Name (Last, First, Middle Initial) **c.** Thomas Tran Date of Receipt Mailing Address 8735 Henderson Road 10 24 2014 City State Zip Code Transaction ID: SA11AI.15311 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 192.30 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 4230.60 Other (specify) 215.36 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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ITEMIZED RECEIPTS Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Anthony J. Valdes Date of Receipt Mailing Address 8735 Henderson Road 10 24 2014 City State Zip Code Transaction ID: SA11AI.15199 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 423.06 Other (specify) Full Name (Last, First, Middle Initial) B. Anthony J. Valdes Date of Receipt Mailing Address 8735 Henderson Road 11 07 2014 City State Zip Code Transaction ID: SA11AI.15403 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 442.29 Other (specify) Full Name (Last, First, Middle Initial) **c.** Anthony J. Valdes Date of Receipt Mailing Address 8735 Henderson Road 11 21 2014 Zip Code City State Transaction ID: SA11AI.15605 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation

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461.52

health care

Aggregate Year-to-Date ▼

WellCare

Receipt For:

Primary

Other (specify)

General

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for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Lisa VanSteelant Date of Receipt Mailing Address 8735 Henderson Road 2014 10 24 City State Zip Code Transaction ID: SA11AI.15270 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 846.12 Other (specify) Full Name (Last, First, Middle Initial) B. Lisa VanSteelant Date of Receipt Mailing Address 8735 Henderson Road 11 07 2014 City State Zip Code Transaction ID: SA11AI.15472 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 884.58 Other (specify) Full Name (Last, First, Middle Initial) c. Lisa VanSteelant Date of Receipt Mailing Address 8735 Henderson Road 11 21 2014 City State Zip Code Transaction ID: SA11AI.15673 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 923.04 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Karen J. Viera Date of Receipt Mailing Address 8735 Henderson Road 2014 10 24 City State Zip Code Transaction ID: SA11AI.15201 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 423.06 Other (specify) Full Name (Last, First, Middle Initial) B. Karen J. Viera Date of Receipt Mailing Address 8735 Henderson Road 11 07 2014 City State Zip Code Transaction ID: SA11AI.15405 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 442.29 Other (specify) Full Name (Last, First, Middle Initial) c. Karen J. Viera Date of Receipt Mailing Address 8735 Henderson Road 11 21 2014 City State Zip Code Transaction ID: SA11AI.15607 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 461.52 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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ITEMIZED RECEIPTS Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Timothy R. Waggoner Date of Receipt Mailing Address 8735 Henderson Road 2014 10 24 City State Zip Code Transaction ID: SA11AI.15202 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 423.06 Other (specify) Full Name (Last, First, Middle Initial) B. Timothy R. Waggoner Date of Receipt Mailing Address 8735 Henderson Road 11 07 2014 City State Zip Code Transaction ID: SA11AI.15406 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 442.29 Other (specify) Full Name (Last, First, Middle Initial) c. Timothy R. Waggoner Date of Receipt Mailing Address 8735 Henderson Road 11 21 2014 City State Zip Code Transaction ID: SA11AI.15608 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 461.52 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Kathy C. Warner Date of Receipt Mailing Address 8735 Henderson Road 2014 10 24 City State Zip Code Transaction ID: SA11AI.15205 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 423.06 Other (specify) Full Name (Last, First, Middle Initial) B. Kathy C. Warner Date of Receipt Mailing Address 8735 Henderson Road 11 07 2014 City State Zip Code Transaction ID: SA11AI.15409 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 442.29 Other (specify) Full Name (Last, First, Middle Initial) c. Kathy C. Warner Date of Receipt Mailing Address 8735 Henderson Road 11 21 2014 City State Zip Code Transaction ID: SA11AI.15611 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 461.52 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. I	PAC (WellCare PAC)	
Full Name (Last, First, Middle Initial) Teddy J. Webster Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 846.12	Date of Receipt 10 24 2014 Transaction ID: SA11AI.15272 Amount of Each Receipt this Period 38.46
Full Name (Last, First, Middle Initial) Teddy J. Webster Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 884.58	Date of Receipt 11 07 2014 Transaction ID : SA11AI.15474 Amount of Each Receipt this Period 38.46
Full Name (Last, First, Middle Initial) Teddy J. Webster Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 923.04	Date of Receipt 11 21 2014 Transaction ID : SA11AI.15675 Amount of Each Receipt this Period 38.46
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NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (V	VellCare PAC)	
Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Perceipt For:	State Zip Code FL 33634 Cupation alth care gregate Year-to-Date ▼ 288.45	Date of Receipt 10 24 2014 Transaction ID : SA11AI.15207 Amount of Each Receipt this Period 19.23
Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc.	State Zip Code FL 33634 Cupation alth care gregate Year-to-Date ▼ 307.68	Date of Receipt 11 07 2014 Transaction ID : SA11AI.15411 Amount of Each Receipt this Period 19.23
Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Descript For:	State Zip Code FL 33634 Cupation alth care gregate Year-to-Date ▼ 326.91	Date of Receipt 11 21 2014 Transaction ID : SA11AI.15613 Amount of Each Receipt this Period 19.23
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	Statements may not be sold or used by any personance name and address of any political committee to	
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PA	C (WellCare PAC)	
Full Name (Last, First, Middle Initial) Chang Xie Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer Wellcare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 423.06	Date of Receipt 10 24 2014 Transaction ID: SA11AI.15211 Amount of Each Receipt this Period 19.23
Full Name (Last, First, Middle Initial) Chang Xie Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer Wellcare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 442.29	Date of Receipt 11 07 2014 Transaction ID: SA11AI.15415 Amount of Each Receipt this Period 19.23
Full Name (Last, First, Middle Initial) Chang Xie Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer Wellcare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 461.52	Date of Receipt 11 21 2014 Transaction ID: SA11AI.15617 Amount of Each Receipt this Period 19.23
SUBTOTAL of Receipts This Page (optional)	>	57.69
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE 178 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Shaojuan Xie Date of Receipt Mailing Address 8735 Henderson Road 2014 10 24 City State Zip Code Transaction ID: SA11AI.15212 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 423.06 Other (specify) Full Name (Last, First, Middle Initial) B. Shaojuan Xie Date of Receipt Mailing Address 8735 Henderson Road 11 07 2014 City State Zip Code Transaction ID: SA11AI.15416 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 442.29 Other (specify) Full Name (Last, First, Middle Initial) c. Shaojuan Xie Date of Receipt Mailing Address 8735 Henderson Road 11 21 2014 City State Zip Code Transaction ID: SA11AI.15618 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 461.52 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 179 OF 198 Use separate schedule(s) (check only one)

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
Any information copied from such Reports and Stat or for commercial purposes, other than using the na		
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC	(WellCare PAC)	
WellCare Health Plans, Inc. Receipt For: Primary General Other (specify) ▼	State Zip Code FL 33634 C Occupation nealth care Aggregate Year-to-Date ▼ 2115.30	Date of Receipt 10 24 2014 Transaction ID: SA11AI.15303 Amount of Each Receipt this Period 96.15
WellCare Health Plans, Inc.	State Zip Code FL 33634 C Occupation nealth care Aggregate Year-to-Date ▼ 2211.45	Date of Receipt 11 07 2014 Transaction ID : SA11AI.15506 Amount of Each Receipt this Period 96.15
WellCare Health Plans, Inc.	State Zip Code FL 33634 C Occupation nealth care Aggregate Year-to-Date ▼ 2307.60	Date of Receipt 11 21 2014 Transaction ID: SA11AI.15710 Amount of Each Receipt this Period 96.15
SUBTOTAL of Receipts This Page (optional)		288.45
TOTAL This Period (last page this line number on	ly)	

FOR LINE NUMBER: PAGE 180 OF 198 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Kristy Yarcho Date of Receipt Mailing Address 8735 Henderson Road 2014 10 24 City State Zip Code Transaction ID: SA11AI.15213 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 423.06 Other (specify) Full Name (Last, First, Middle Initial) B. Kristy Yarcho Date of Receipt Mailing Address 8735 Henderson Road 11 07 2014 City State Zip Code Transaction ID: SA11AI.15417 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 442.29 Other (specify) Full Name (Last, First, Middle Initial) **c.** Kristy Yarcho Date of Receipt Mailing Address 8735 Henderson Road 11 21 2014 City State Zip Code Transaction ID: SA11AI.15619 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 461.52 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 181 OF 198 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Mary Virginia Yates Date of Receipt Mailing Address 8735 Henderson Road 2014 10 24 City State Zip Code Transaction ID: SA11AI.15214 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 423.06 Other (specify) Full Name (Last, First, Middle Initial) B. Mary Virginia Yates Date of Receipt Mailing Address 8735 Henderson Road 11 07 2014 City State Zip Code Transaction ID: SA11AI.15418 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 442.29 Other (specify) Full Name (Last, First, Middle Initial) c. Mary Virginia Yates Date of Receipt Mailing Address 8735 Henderson Road 11 21 2014 City State Zip Code Transaction ID: SA11AI.15620 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 461.52 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 182 OF 198 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Yin Yiu Date of Receipt Mailing Address 8735 Henderson Road 2014 10 24 City State Zip Code Transaction ID: SA11AI.15215 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 423.06 Other (specify) Full Name (Last, First, Middle Initial) B. Yin Yiu Date of Receipt Mailing Address 8735 Henderson Road 11 07 2014 City State Zip Code Transaction ID: SA11AI.15419 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 442.29 Other (specify) Full Name (Last, First, Middle Initial) Yin Yiu Date of Receipt Mailing Address 8735 Henderson Road 11 21 2014 City State Zip Code Transaction ID: SA11AI.15621 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 461.52 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 183 OF 198 Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12 Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Belinda Young Date of Receipt Mailing Address 8735 Henderson Road 2014 10 24 City State Zip Code Transaction ID: SA11AI.15216 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 423.06 Other (specify) Full Name (Last, First, Middle Initial) B. Belinda Young Date of Receipt Mailing Address 8735 Henderson Road 11 07 2014 City State Zip Code Transaction ID: SA11AI.15420 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 442.29 Other (specify) Full Name (Last, First, Middle Initial) c. Belinda Young Date of Receipt Mailing Address 8735 Henderson Road 11 21 2014 City State Zip Code Transaction ID: SA11AI.15622 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 461.52 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 184 OF Use separate schedule(s) (check only one) X 11a 11b 11c 12

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Michael Carl Yount Date of Receipt Mailing Address 8735 Henderson Road 2014 10 24 City State Zip Code Transaction ID: SA11AI.15304 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 2115.30 Other (specify) Full Name (Last, First, Middle Initial) B. Michael Carl Yount Date of Receipt Mailing Address 8735 Henderson Road 11 07 2014 City State Zip Code Transaction ID: SA11AI.15507 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 2211.45 Other (specify) Full Name (Last, First, Middle Initial) c. Michael Carl Yount Date of Receipt Mailing Address 8735 Henderson Road 11 21 2014 City State Zip Code Transaction ID: SA11AI.15711 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 2307.60 Other (specify) 288.45 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 185 OF Use separate schedule(s) (check only one) X 11a 11b 11c 12

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Annette L. Zerbe Date of Receipt Mailing Address 8735 Henderson Road 2014 10 24 City State Zip Code Transaction ID: SA11AI.15217 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 423.06 Other (specify) Full Name (Last, First, Middle Initial) B. Annette L. Zerbe Date of Receipt Mailing Address 8735 Henderson Road 11 07 2014 City State Zip Code Transaction ID: SA11AI.15421 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 442.29 Other (specify) Full Name (Last, First, Middle Initial) c. Annette L. Zerbe Date of Receipt Mailing Address 8735 Henderson Road 11 21 2014 City State Zip Code Transaction ID: SA11AI.15623 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 461.52 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 186 OF 198 Use separate schedule(s) (check only one) X 11a 11b 11c 12

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Le Zheng Date of Receipt Mailing Address 8735 Henderson Road 2014 10 24 City State Zip Code Transaction ID: SA11AI.15218 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 307.68 Other (specify) Full Name (Last, First, Middle Initial) B. Le Zheng Date of Receipt Mailing Address 8735 Henderson Road 11 07 2014 City State Zip Code Transaction ID: SA11AI.15422 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 326.91 Other (specify) Full Name (Last, First, Middle Initial) c. Le Zheng Date of Receipt Mailing Address 8735 Henderson Road 11 21 2014 City State Zip Code Transaction ID: SA11AI.15624 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 346.14 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 187 OF Use separate schedule(s) (check only one) X 11a 11b 11c 12

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Carlene C. Zincke Date of Receipt Mailing Address 8735 Henderson Road 2014 10 24 City State Zip Code Transaction ID: SA11AI.15273 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 846.12 Other (specify) Full Name (Last, First, Middle Initial) B. Carlene C. Zincke Date of Receipt Mailing Address 8735 Henderson Road 11 07 2014 City State Zip Code Transaction ID: SA11AI.15475 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 884.58 Other (specify) Full Name (Last, First, Middle Initial) c. Carlene C. Zincke Date of Receipt Mailing Address 8735 Henderson Road 11 21 2014 City State Zip Code Transaction ID: SA11AI.15676 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 923.04 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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	FOR LI			:	PAGE	1	88 OF	198
hedule(s) v of the	(check	•	ne)					
ry Page	X 11:	a	11b		11c		12	
.,	13		14		15		16	17

	and Statements may not be sold or used by any persing the name and address of any political committee t	
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc	. PAC (WellCare PAC)	
Full Name (Last, First, Middle Initial) Scott R. Zinna Mailing Address 8735 Henderson Road		Date of Receipt
		10 24 2014
City Tampa	State Zip Code FL 33634	Transaction ID : SA11AI.15219
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 19.23
Name of Employer Wellcare Health Plans, Inc. Receipt For: □ Primary □ General Other (specify) ▼	Occupation health care Aggregate Year-to-Date ▼ 423.06	
Full Name (Last, First, Middle Initial) 3. Scott R. Zinna Mailing Address 8735 Henderson Road		Date of Receipt
City	State Zip Code	Transaction ID : SA11AI.15423
Tampa	FL 33634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	19.23
Name of Employer Wellcare Health Plans, Inc.	Occupation health care	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 442.29	
Full Name (Last, First, Middle Initial)		Data of Descript
Mailing Address 8735 Henderson Road		Date of Receipt 11 21 2014
City Tampa	State Zip Code FL 33634	Transaction ID : SA11AI.15625 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	19.23
Name of Employer	Occupation	-
Wellcare Health Plans, Inc.	health care	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 461.52	
SUBTOTAL of Receipts This Page (optic	inal)	57.69
TOTAL This Deviced (Lock cooks Mills P.	· · · · · · · · · · · · · · · · · · ·	27326.64
IUIAL INIS Period (last page this line n	umber only)	2.525.01

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64	CHEDINE A /FEC Form 2V)			I				
SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 189 OF 198 (check only one)				
ITEMIZED RECEIPTS			for each category of the	11a 11b 11c 12				
_			Detailed Summary Page	13 14 15 X 16 17				
Ar	ny information copied from such Reports and St for commercial purposes, other than using the	atements mand a	ay not be sold or used by any pounderess of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.				
	NAME OF COMMITTEE (In Full)							
	Wellcare Health Plans, Inc. PAC	(WellCa	are PAC)					
Α.	Full Name (Last, First, Middle Initial) Friends of Ralph Hudgens			Date of Receipt				
	Mailing Address P. O. Box 8379			10 20 2014				
	City	State	Zip Code	Transaction ID : SA16.15041				
	Atlanta	GA	31106	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		1000.00				
	Name of Employer	Occupation	1	refund/non-federal contribution				
	Receipt For:	Aggregate	Year-to-Date ▼					
	Primary General		1000.00					
	Other (specify) ▼		1000.00					
_	Full Name (Last, First, Middle Initial)							
В.				Date of Receipt				
	Mailing Address			M = M / D = D / Y = Y = Y				
	City	State	Zip Code					
	City	Oldio	2.p 0000	Amount of Each Receipt this Period				
	FEC ID number of contributing							
	federal political committee.	C						
	Name of Employer	Occupation	1					
	Receipt For:	Aggregate	Year-to-Date ▼					
	Primary General	riggrogato	Total to Bato V	1				
	Other (specify) ▼		<u> </u>					
C.	Full Name (Last, First, Middle Initial)			Date of Receipt				
	Mailing Address			M = M / D = D / Y = Y = Y				
	City	State	Zip Code	Amount of Each Receipt this Period				
	FEC ID number of contributing			7 and and of East Processes and Processes				
	federal political committee.	C						
	Name of Employer	Occupation	1					
	Receipt For:	Aggregate	Year-to-Date ▼					
	Primary General	, iggi ogale		1				
	Other (specify) ▼		, , , , , , , , , , , , , , , , , , , ,					
5	SUBTOTAL of Receipts This Page (optional)			1000.00				

TOTAL This Period (last page this line number only).....

1000.00

SCHEDULE B (FEC Form 3X)		F05 : :::=	NUMBER: PAGE 190 OF 198			
ITEMIZED DISBURSEMENTS	Use separate schedule(s	(check only	NOMBER:			
I LIVIIZED DISBURSEIVIEN IS	for each category of the					
	Detailed Summary Page	27	28a 28b 28c 29 30			
Any information copied from such Reports and Sta						
or for commercial purposes, other than using the n						
NAME OF COMMITTEE (In Full)						
Wellcare Health Plans, Inc. PAC	(WellCare PAC)					
/ Full Name (Lock First Middle 1-22-1)	-					
Full Name (Last, First, Middle Initial)			Date of Disbursement			
A. Alamo PAC						
Mailing Address 919 Congress Avenue, #1400			10 22 2014			
City	State Zip Code		Transaction ID : SB23.15075			
Austin	TX 78701		Transaction ID . 3523.13073			
Purpose of Disbursement contribution			Amount of Each Disbursement this Period			
Candidate Name			Amount of Each disbursement this Period			
Canadato Namo		Category/ Type	5000.00			
Office Sought: House Disburg	sement For:	Туре				
Senate	Primary General					
President	Other (specify) ▼					
State: District:						
Full Name (Last, First, Middle Initial)						
Bilirakis for Congress			Date of Disbursement			
N. 20.			M = M / D = D / Y = Y = Y			
Mailing Address P. O. Box 606			10 22 2014			
City	State Zip Code					
Tarpon Springs	FL 34688		Transaction ID : SB23.15096			
Purpose of Disbursement						
contribution] [,	Amount of Each Disbursement this Period			
Candidate Name		Category/	2500.00			
Gus Michael Bilirakis		Type	2300.00			
	sement For: 2014					
Senate President	Primary					
State: FL District: 12	Culci (Specify)					
Full Name (Last, First, Middle Initial)						
C. Castor For Congress			Date of Disbursement			
			M M / D D / Y Y Y Y			
Mailing Address 301 W. Platt Street, #385			10 24 2014			
-						
City	State Zip Code FL 33606		Transaction ID : SB23.15076			
Tampa Purpose of Disbursement	TL 33000					
contribution			Amount of Each Disbursement this Period			
Candidate Name		Category/	Amount of Each Disbursement this Feriod			
Kathy Castor		Type	2500.00			
Office Sought: House Disburs	sement For: 2014					
Senate	Primary General					
President	Other (specify) ▼					
State: FL District: 14						
			40000.00			
SUBTOTAL of Disbursements This Page (optional)	·····•	10000.00			
TOTAL This Period (last page this line number or	nly)					

SCHEDULE B (FEC Form 3X)	Lien congrete cohedule/s	FOR LINE	
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the Detailed Summary Page) (check only 21b 27	7 one) 22 X 23 24 25 26 28a 28b 28c 29 30
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NAME OF COMMITTEE (In Full)			
Wellcare Health Plans, Inc. PAC	(WellCare PAC)		
Full Name (Last, First, Middle Initial)			
A. Friends of Jim Clyburn			Date of Disbursement
Mailing Address P. O. Box 12567			10 24 2014
City	State Zip Code		Transaction ID : SB23.15077
Columbia	SC 29211		
Purpose of Disbursement contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
James E. Clyburn		Type	1000.00
Senate President	rsement For: 2014 Primary ☐ General Other (specify) ▼		
State: SC District: 06			
Full Name (Last, First, Middle Initial)			Date of Dishamous at
3. Georgians for Isakson			Date of Disbursement
Mailing Address P. O. Box 250116			10 24 2014
City Atlanta	State Zip Code GA 30325		Transaction ID : SB23.15078
Purpose of Disbursement	GA 30325		
contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
John Hardy Isakson		Туре	1000.00
Senate President	rsement For: 2016 Primary General Other (specify)		
State: GA District: 00 Full Name (Last, First, Middle Initial)			
- Impact			Date of Disbursement
Mailing Address 192 Lexington Avenue, #1001			11 18 2014
City	State Zip Code		Towns of the ID ODGG 45404
New York	NY 10016		Transaction ID: SB23.15101
Purpose of Disbursement contribution			
Candidate Name		Category/	Amount of Each Disbursement this Period
		Туре	5000.00
Office Sought: House Disbu Senate President	rsement For: Primary General Other (specify)		
State: District:			
SUBTOTAL of Disbursements This Page (optional	al)	······	7000.00
TOTAL This Period (last page this line number of	anly)		
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SCHEDULE B (FEC Form 3X)	Han consists astroduct (1)	FOR LINE	PAGE 192 OF 19	
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b	one) 22 X 23 28a 28b	24 25 26 28c 29 30
Any information copied from such Reports and Statem	lents may not be sold or u			
or for commercial purposes, other than using the nam				
NAME OF COMMITTEE (In Full)				
Wellcare Health Plans, Inc. PAC (V	VellCare PAC)			
Full Name (Last, First, Middle Initial)			B	
h- Thomas E. Price			Date of Disburseme	
Mailing Address P. O. Box 425			10 24	2014
•	State Zip Code		Transaction ID : S	:B23 15070
	GA 30077		Transaction iD . 3	D23.13079
Purpose of Disbursement contribution			Amount of Each Dis	sbursement this Period
Candidate Name		Category/		2500.00
Thomas E. Price Office Sought:	nent For: 2014	Туре		2000.00
Senate	Primary			
State: GA District: 06				
Full Name (Last, First, Middle Initial)				
Texans for Senator John Cornyn			Date of Disburseme	ent
Mailing Address P. O. Box 13026			10 22	2014
Austin	itate Zip Code TX 78711		Transaction ID : S	6B23.15073
Purpose of Disbursement contribution		<u> </u>	Amount of Each Dis	sbursement this Period
Candidate Name		Category/		5000.00
John Cornyn		Type		5000.00
X Senate	nent For: 2014 Primary			
Full Name (Last, First, Middle Initial) - Upton For All of Us	Full Name (Last, First, Middle Initial)			
Mailing Address P. O. Box 490			10 / 29	2014
,	State Zip Code		Transaction ID : S	BB23.15095
St. Joseph Purpose of Disbursement	MI 49085			
contribution			Amount of Each Did	sbursement this Period
Candidate Name	Candidate Name			
Frederick S. Upton		Category/ Type		5000.00
Senate President	nent For: 2014 Primary			
State: MI District: 06				
SUBTOTAL of Disbursements This Page (optional)		·····		12500.00
TOTAL This Period (last page this line number only).				

SCHEDULE B (FEC Form 3X)	Has assessed and the Co	FOR LINE	PAGE 193 OF 198	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only	22 🗙 23	24 25 26
		27	28a 28b	28c 29 3
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NAME OF COMMITTEE (In Full)	o and dad occ or any pomice			
Wellcare Health Plans, Inc. PAC (W	VellCare PAC)			
Full Name (Last, First, Middle Initial)				
A. Upton For All of Us			Date of Disbursem	
Mailing Address P. O. Box 490			11 10	2014
City	tate Zip Code		Towns of the ID	0000 45740
St. Joseph	MI 49085		Transaction ID:	SB23.15/18
Purpose of Disbursement contribution			Amount of Each D	isbursement this Period
Candidate Name		Category/		2500.00
Frederick S. Upton Office Sought: House Disbursem	ant Fore 2010	Туре		
Senate	nent For: 2016 Primary General Other (specify)			
State: MI District: 06				
Full Name (Last, First, Middle Initial)				
3.			Date of Disbursem	ent
Mailing Address			M = M / D = D	/
City	tate Zip Code			
Purpose of Disbursement			Amount of Each D	isbursement this Period
Candidate Name		Category/ Type		
President	nent For: Primary General Other (specify)			
State: District:				
Full Name (Last, First, Middle Initial) C.			Date of Disbursem	_
Mailing Address			M M / D D	/ Y Y Y Y
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Purpose of Disbursement				
Candidate Name		Category/ Type		isbursement this Period
	nent For: Primary General Other (specify) ▼			
		l		2500.00
SUBTOTAL of Disbursements This Page (optional)		·····•		2300.00
TOTAL This Period (last page this line number only).				32000.00

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S	SCHEDULE B (FEC Form 3X) FOR LINE N					E NUMBER: PAGE 194 OF 198				
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the	(check only						
			Summary Page	21b 27	22 28a	23 24 25 26 28b 28c X 29 30				
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\vdash	NAME OF COMMITTEE (In Full)									
$ \rangle$	Wellcare Health Plans, Inc. PAC (V	VellCare	PAC)							
\angle	•		,							
Δ	Full Name (Last, First, Middle Initial)				Date of	Disbursement				
Λ.	Craig J. Couglin for Assembly				M M	/ D D / Y Y Y Y				
	Mailing Address P. O. Box 368				11	11 2014				
		State NJ	Zip Code 07095		Transa	action ID : SB29.15103				
	Woodbridge Purpose of Disbursement	INU	07095							
	void check dated 9/26/14				Amount	of Each Disbursement this Period				
	Candidate Name			Category/		500.00				
				Type		-500.00				
	Office Sought: House Disbursen		Comenal							
	Senate President	Primary Other (spe	General							
	State: District:	Other (ope	Olly) \							
_	Full Name (Last, First, Middle Initial)									
В.	•				Date of	Disbursement				
					M = M	/ D D / Y Y Y Y				
	Mailing Address P. O. Box 368				11	20 2014				
	-	State	Zip Code		Trans	action ID : SB29.15105				
	Woodbridge Purpose of Disbursement	NJ	07095							
	non-federal contribution				Amount	of Each Disbursement this Period				
	Candidate Name			Category/						
				Type		500.00				
	Office Sought: House Disbursen									
		Primary Other (spe	General							
	State: District:	Other (spec	City) \blacktriangledown							
_	Full Name (Last, First, Middle Initial)									
C.	•				Date of	Disbursement				
	<u> </u>				M = M	/ D D / Y Y Y Y				
	Mailing Address P. O. Box 1467				11	11 2014				
	City	State	Zip Code							
	Woodbridge	NJ	07095		Trans	action ID : SB29.15104				
	Purpose of Disbursement void check dated 9/26/14									
					Amount	of Each Disbursement this Period				
	Candidate Name			Category/		-500.00				
	Office Sought: House Disbursen	nent For:		Туре						
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SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 198			
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NAME OF COMMITTEE (In Full)	ic and address of any poin	iloar committee to	Solicit Commissions from Such Committee.		
Wellcare Health Plans, Inc. PAC (V	VellCare PAC)				
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Full Name (Last, First, Middle Initial) Full Name (Last, First, Middle Initial) Full Name (Last, First, Middle Initial)			Date of Disbursement		
Election Fund of Joseph F. Vitale			M M / D D / Y Y Y Y		
Mailing Address P. O. Box 1467			11 20 2014		
,	State Zip Code		Transaction ID : SB29.15106		
Woodbridge	NJ 07095		11a113action 15 . 3523.13100		
Purpose of Disbursement non-federal contribution			Amount of Each Disbursement this Period		
Candidate Name		Category/	500.00		
Office Sought: House Disbursen	nent For:	Туре			
	Primary General				
President	Other (specify) ▼				
State: District:					
Full Name (Last, First, Middle Initial)			Data of Dishurasment		
Elliot Naishtat Campaign			Date of Disbursement		
Mailing Address P. O. Box 2910			10 24 2014		
City	State Zip Code		Transaction ID - CD00 45007		
Austin	TX 78768		Transaction ID : SB29.15087		
Purpose of Disbursement non-federal contribution			Amount of Each Disbursement this Period		
Candidate Name		Category/			
		Type	250.00		
Office Sought: House Disbursen					
	Primary General Other (specify) ▼				
State: District:	Other (apecity)				
Full Name (Last, First, Middle Initial)					
John Otto Campaign			Date of Disbursement		
Moiling Address 700 N. Winford			10 24 2014		
Mailing Address 702 N. Winfree			10 24 2014		
City	State Zip Code		Transaction ID : SB29.15092		
= e.y · ·	TX 77535		Transaction ib . 3629.13092		
Purpose of Disbursement non-federal contribution					
Candidate Name			Amount of Each Disbursement this Period		
		Category/ Type	750.00		
Office Sought: House Disbursen	nent For:				
	Primary General				
	Other (specify)				
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SUBTOTAL of Disbursements This Page (optional)		>			
TOTAL This Period (last page this line number only)					

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/	Wellcare Health Plans, Inc. PAC (V	VellCare F	PAC)								
_	Full Name (Last, First, Middle Initial)										
_	John Zerwas Campaign				D	ate of	Disburs	semen	t		
					Ц г	M = M	/ D	■ D	/ Y	YY	Y
	Mailing Address P. O. Box 852					10		24	L	2014	
	City	State Z	ip Code		+						
	Fulshear		7441			Transa	ction I	D : SB	29.150	080	
	Purpose of Disbursement				_						
	non-federal contribution			L	A	mount	of Eacl	า Disb	urseme	ent this	Period
	Candidate Name			Category/						75	0.00
	Office Sought: House Disburser	nont For:		Туре			- 7	_	7		0.00
	Senate	Primary	General								
	President	Other (specify)									
	State: District:	(1)	, ,								
	Full Name (Last, First, Middle Initial)										
В.	Robert Nichols Campaign				D	ate of	Disburs	emen	t		
					- Г	M = M	/ D	D	/ Y	YY	Y
	Mailing Address P. O. Box 2347				L	10		24		2014	
	City	State Z	ip Code			_					
	Jacksonville		75766			Transa	action I	D : SE	29.150	085	
	Purpose of Disbursement non-federal contribution				Π.						
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	Candidate Name			Category/						75	50.00
	Office Sought: House Disburser	nent For:		Туре			,		7		
	Senate	Primary	General								
	President	Other (specify)	\								
	State: District:										
	Full Name (Last, First, Middle Initial)				_						
C.	Royce West Campaign					ate of	Disburs	semen			
	Mailing Address 5787 S. Hampton Road, #440				\dashv \lceil	M = M		24	/ Y	2014	Y
	Maining Address 5707 S. Hampton Road, #440				-	.0				2011	
	City	State Z	ip Code			Transa	action I	D · SF	20 150	186	
	Dallas	TX 7	75232			Transc	20110111	. 02	25.100	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Purpose of Disbursement non-federal contribution				ΙΙ.			D: 1			.
	Candidate Name			Outrons	A	mount	of Eaci	1 Disb	urseme	ent this	Period
				Category/ Type						50	0.00
	Office Sought: House Disburser	nent For:			7 -		7		7		
	Senate	Primary	General								
	President	Other (specify)) ▼								
_	State: District:										
	IDTOTAL of Dishumana This Day (12)				Г	-				200	0.00
	JBTOTAL of Disbursements This Page (optional)			······ >					7		
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SCHEDULE B (FEC Form 3X)	HEDULE B (FEC Form 3X)						
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	Detailed Summary Page	27	28a 28b 28c X 29 30k				
Any information copied from such Reports and State	ements may not be sold or u	sed by any ners	on for the purpose of soliciting contributions				
or for commercial purposes, other than using the na							
NAME OF COMMITTEE (In Full)							
Wellcare Health Plans, Inc. PAC (WellCare PAC)						
Full Name (Last, First, Middle Initial)							
A. Sarah Davis Campaign			Date of Disbursement				
Mailing Address 1000 T			M M / D D / Y Y Y Y				
Mailing Address 4203 Tennyson Street			10 24 2014				
City	State Zip Code						
Houston	TX 77005		Transaction ID : SB29.15090				
Purpose of Disbursement							
non-federal contribution			Amount of Each Disbursement this Period				
Candidate Name		Category/	500.00				
		Type	500.00				
	ement For:						
Senate	Primary General						
State: District:	Other (specify)						
Full Name (Last, First, Middle Initial) B. Texans for Charles Schwertner			Date of Disbursement				
B. Texans for Charles Schwertner							
Mailing Address P. O. Box 2448			10 24 2014				
Walling Address F. O. Box 2440			10 24 2014				
City	State Zip Code		Transaction ID : SB29.15084				
Georgetown	TX 78627		Transaction ID : 5629.15064				
Purpose of Disbursement non-federal contribution							
			Amount of Each Disbursement this Period				
Candidate Name		Category/	1000.00				
Office Sought: House Disburs	ement For:	Туре					
Office Sought: House Disburse Senate	Primary General						
President	Other (specify)						
State: District:	Other (speedily)						
Full Name (Last, First, Middle Initial)							
C. Texans for Dan Patrick			Date of Disbursement				
rexame for Built attlok			M M / D D / Y Y Y				
Mailing Address P. O. Box 685085			10 24 2014				
City	State Zip Code		Transaction ID : SB29.15083				
Austin Purpose of Disbursement	TX 78768						
non-federal contribution							
Candidate Name			Amount of Each Disbursement this Period				
		Category/ Type	1250.00				
Office Sought: House Disburse	ement For:	1,750					
Senate	Primary General						
President	Other (specify) ▼						
State: District:							
SUBTOTAL of Disbursements This Page (optional)			2750.00				
- China (1)							
TOTAL This Period (last page this line number onl	y)						

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Office Sought: House Senate Primary General Other (specify) ▼ State: District:	CHEDULE B (FEC Form 3X)					PAGE 198 OF 198			
Detailed Summary Page 27 28 28 28 28 28 28 28 28 28 28 28 28 28	EMIZED DISBUR	SEMENTS		(oncore on		2			
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributors for commercial purposes, other than using the name and address of any political committee to solicit contributions from such commit NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) A. Texans for Joan Huffman Mailing Address 3375 Westpark Drive, #135 City State Zip Code TX 77005 Purpose of Disbursement non-federal contribution Candidate Name Office Sought: House Disbursement For: Senate President Other (specify) ▼ Transaction ID: SB29.15088 Amount of Each Disbursement this Date of Disbursement Date of D									
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) A. Texans for Joan Huffman Malling Address 3375 Westpark Drive, #135 City State Zip Code TX 77005 Purpose of Disbursement Office Sought: House Disbursement For: Purpose of Disbursement Candidate Name Office Sough: House Disbursement For: City State Zip Code Primary General Primary General President State: District: Full Name (Last, First, Middle Initial) Malling Address City State Zip Code Purpose of Disbursement Candidate Name Office Sough: House Disbursement For: Category' Type Date of Disbursement this Category' Type Amount of Each Disbursement this Category' Type Date of Disbursement Date of Disbursement this Category' Type Amount of Each Disbursement this Category' Type Office Sough: House Disbursement For: Candidate Name Office Sough: House Disbursement For: Candidate Name Disbursement Candidate Name Disbursement Candidate Name Disbursement Candidate Name Disbursement Candidate Name Disbursement For: Date of Disbursement Amount of Each Disbursement this Category' Type Amount of Each Disbursement this Category' Type Office Sought: House Disbursement For:	v information copied from	such Reports and Stater	nents may not be sold or						
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Full Name (Last, First, Middle Initial) Texans for Joan Huffman Mailing Address 3375 Westpark Drive, #135 City	· ·	,							
Date of Disbursement Mailing Address 3375 Westpark Drive, #135 City	Wellcare Health F	lans, Inc. PAC (V	WellCare PAC)						
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Senate Primary General	· —	nate	Primary General						
President Other (specify) ▼	Pr	esident	Other (specify) ▼						
State: District:	State: District:								
50						500.00			
SUBTOTAL of Disbursements This Page (optional)	JBTOTAL of Disbursemen	is This Page (optional)		·····		500.00			
TOTAL This Period (last page this line number only)	TAI This Period (last no	ne this line number only		_		6250.00			